

**Human Potential LLC**  
"Sherpa" John Lacroix  
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Castle Rock, CO 80108  
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### **Volunteer Requirement Form**

#### **Entrants Info**

Entrant Name: \_\_\_\_\_ Year of Run: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Hours of Service Performed: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Type of Event: Trail Work \_\_\_\_\_ Race \_\_\_\_\_

Date of Service: \_\_\_\_\_ (fill out separate form for multiple events)

Brief Description of Services Performed: \_\_\_\_\_

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#### **Certification of Race Director, Volunteer Coordinator, Park Official or Ranger, etc:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (w/ Area Code): \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Entrant, E-mail Completed Form to [info@HumanPotentialRunning.com](mailto:info@HumanPotentialRunning.com) or  
Mail to the address provided at the top of the form.**