



## 2008 Medical Volunteer Information Form

Name: \_\_\_\_\_ Shirt Size:  Small  Med  Large  XL  XXL

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email: \_\_\_\_\_

Race Day Cell Phone: \_\_\_\_\_ Race Day Pager: \_\_\_\_\_

Level of Certification (RN, MD, etc): \_\_\_\_\_ State of Licensure: \_\_\_\_\_

License Number: \_\_\_\_\_ Specialty/Area of Interest: \_\_\_\_\_

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Medical Volunteers will be needed Saturday, November 10 - Sunday, November 11 and will be used in a number of capacities. Please note your availability below.

Saturday, November 8<sup>th</sup>: \_\_\_\_\_

Sunday, November 9<sup>th</sup>: \_\_\_\_\_

Please select any preference of assignment you may have. Though we will do what we can to meet your desires, remember you may be assigned depending on need.

\_\_\_\_\_ Saturday Fun Run

\_\_\_\_\_ Sunday Marathon & Half Marathon

Additional Comments or Requests: \_\_\_\_\_

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Please complete and return by mail or fax to:

The Outer Banks Hospital  
Attn: Brian Baxter, MD  
4800 South Croatan Highway  
Nags Head, NC 27959  
**(252) 449-4555 (fax)**

Please contact Brian Baxter, MD or Laura Cane with any questions at (252) 449-4515.