



CMP National Rifle/Pistol Matches Volunteer Form



If you would like to volunteer your time and services during the National Matches, please print and fill out each line of this form.

CLICK BUTTON TO RIGHT TO PRINT FORM

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CMP COMPETITION #: _____ SHIRT SIZE: _____

EXPERIENCE:

Do you have any experience working the firing line or in the pits? If yes, please tell us **which you have worked, for what event(s), when (year or years) and your duties.**

CERTIFICATIONS: _____

COMPETITION PAST:

Have you competed in CMP National Match or Games events before?

Yes** No

****If yes, in which match(es)?**

CURRENT COMPETITION:

Will you be participating in any events during this year's Nationals?

Yes** No

**If yes, in which event(s) will you be participating? Please name the event(s) and event date(s).

VOLUNTEERING:

On which day(s) can you volunteer?

PISTOL:	RIFLE:	CMP Cup Matches June 26-30				
<input type="checkbox"/> July 1	<input type="checkbox"/> June 26	<input type="checkbox"/> June 27	<input type="checkbox"/> June 28	<input type="checkbox"/> June 29	<input type="checkbox"/> June 30	
<input type="checkbox"/> July 2	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16	<input type="checkbox"/> July 17	<input type="checkbox"/> July 18	<input type="checkbox"/> July 19	
	<input type="checkbox"/> July 20	<input type="checkbox"/> July 21	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23	<input type="checkbox"/> July 24	
				<input type="checkbox"/> July 25		
					Highpower Events July 15-25	

HOUSING:

Will you require housing as you volunteer?

Yes** No

**If yes, please list any others who may be staying with you.

Special requests?

By signing below, I certify that I am not prohibited by any federal, state or local law ordinances or regulations from possessing, purchasing, using or owning firearms/ammunition. I also validate that the information provided on this form is true to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Print name here: _____ DATE: _____

**NOTE: Volunteer training days will be provided the day before events start (June 25 and July 14).

When completed, please return this form to P.O. Box 576, Port Clinton, OH, 43452, Attn: Vera Snyder. You may also email the form to volunteer@thecmp.org.

Thank you for signing up to be a CMP Volunteer! We appreciate your time and effort in helping us provide the safest and finest experience possible for all of our competitors and guests.

If you have any questions about being a CMP Volunteer, please contact Vera: vsnyder@thecmp.org or 419-635-2141 ext. 782. During the National Matches, you may also visit In Processing (located in the Building 3 Armory) if you're in need of assistance.

We hope you have a fun and memorable experience!