



VOLUNTEER FORM

FIRST NAME: _____ LAST NAME: _____
PHONE #: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ AGE: _____

ARE YOU ABLE TO:
STAND FOR 4 HOURS YES___ NO___
LIFT 25 LBS YES___ NO___
USE A TWO WAY RADIO YES___ NO___

AS A VOLUNTEER DUTIES CAN INCLUDE BUT ARE NOT LIMITED TO:
SETTING UP TABLES, CHAIRS, DELIVERING WATER CASES, ICE, PICKING
UP OR REPLACING TRASH CONTAINERS.

DESIRED SHIFT:
SETUP 9-NOON _____
OPENING NOON-4PM _____
MID SHIFT 4PM-8PM _____
END SHIFT 7:30 PM-10:30 PM _____

**SELECTED SHIFTS ARE NOT GUARANTEED BUT WE WILL ATTEMPT TO
ISSUE DESIRED SHIFTS.**

ALL VOLUNTEERS RECEIVE A T-SHIRT TO IDENTIFY THEM AS A TEAM
MEMBER, PLEASE SELECT YOUR SIZE. SM___ MED___ LG___ XL___

SIGNATURE: _____ DATE: _____

**ONCE YOUR FORM HAS BEEN REVIEWED YOU WILL BE REACH VIA ONE
OF THE ABOVE METHODS.**