



Giving 365 Volunteer Form

Your contact information is requested to confirm your volunteer hours.

Please fill out this form in its entirety.

First Name *

Last Name *

Email *

Phone number *

For which event are you registering to volunteer? *

For which hours will you be volunteering for this event? (Ei:2pm - 6pm) *

Will you be volunteering with a group or individually? *

What is your vocation or field of interest? *

Do you have any special skills, hobbies, or interests? *

How did you hear about Giving 365? *

Do you consent to allowing Giving 365 to publish photographs of you volunteering at the event? *

- Yes
- No

Do you have any questions regarding Giving 365's volunteering opportunities?

Do you have any additional information or comments you would like to add?

Printed Name*

Signature*

Date*