

# EEvolving Crew Volunteer & Participant Forms

YOUTH, TEEN, 21+ UP PARTICIPANT FORM

\* Indicates required question

1. NAME

2. AGE ( ) PLEASE SELECT AGE GROUP BELOW

Mark only one oval.

☐ 10-15 (YOUTH)

☐ 16-20 (TEEN)

☐ 21+UP

3. PARENT OR GAURDIAN INFORMATION  
NAME, PHONE, EMAIL,  
EMERGENCY CONTACT NAME & NUMBER

4. EMAIL

5. PHONE NUMBER

6. WHAT ARE YOU LOOKING TO ACCOMPLISH OR GAIN IN THE EEVOLVING CREW?

7. DO YOU PERFER VIRTUAL, IN PERSON OR HYBRID EVENTS?

Mark only one oval.

☐ VIRTUAL

☐ IN PERSON

☐ HYBRID

8. VOLUNTEER ONLY\* \*

Check all that apply.

☐ WEEKEND AVAILABILITY

☐ WEEKDAY AVAILABILITY

☐ DUAL WEEK END & WEEKDAY

☐ DO YOU HAVE A ZOOM APPLICABLE DEVICE?

☐ YES

☐ NO

☐ ARE YOU WILLING TO TRAVEL FOR EVENTS?

☐ YES.

☐ NO.

9. HOW DID YOU HEAR ABOUT THE EEVOLVING CREW?