

# VOLUNTEERS



## ABOUT YOU

Full Name \_\_\_\_\_

Organization Name: (If applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Preferred communication type (check that apply: Phone: \_\_\_\_\_ (call/text) Email: \_\_\_\_\_)

## HOW DID YOU HEAR ABOUT VOLUNTEERING? (Please check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Facebook  | <input type="checkbox"/> Word of Mouth (circle one - friend or family member) |
| <input type="checkbox"/> Nextdoor  | <input type="checkbox"/> Direct Email   |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Other (please indicate: _____)                       |

## AREAS YOU MAY BE INTERESTED IN VOLUNTEERING? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Service Representative | <input type="checkbox"/> Traffic and Parking Management |
| <input type="checkbox"/> Exhibitor Liaison               | <input type="checkbox"/> Setup and Tear Down            |
| <input type="checkbox"/> Usher                           | <input type="checkbox"/> Other (please indicate: _____) |

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian signature, if under 18

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**THANK YOU FOR VOLUNTEERING!**

All proceeds benefit the

