

# Volunteer

## REGISTRATION FORM



### PERSONAL INFORMATION

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Email:

Phone Number:

### AVAILABILITY:

Please indicate your availability on October 4, 2025:

- 12:00 p.m. - 3:00 p.m. (Event Setup)
- 4:00 p.m. - 7:00 p.m. (Guest Registration, Greeting, & Ushering)
- 7:00 p.m. - 9:00 p.m. (Silent Auction and Event Assistance)
- 9:00 p.m. - 9:45 p.m. (Event Breakdown)

### Volunteer Role Preferences:

Please select the role(s) you would like to volunteer for:

- Event Setup
- Guest Registration and Greeting
- Silent Auction Assistance
- Ushering and Guest Assistance
- Event Breakdown
- Other (Please specify):

### Terms and Conditions:

By submitting this form, I understand and agree to the following:

- My participation as a volunteer is voluntary and unpaid.
- I will conduct myself in a professional and respectful manner at all times while representing KAA-MaCC.
- I will communicate any schedule changes or cancellations with the Volunteer Coordinator as soon as possible.
- KAA-MaCC may contact me via email or phone with details about the event and my volunteer role.

**Signature [Full Name]:** \_\_\_\_\_

By typing my full name below, I confirm that all information provided in this form is accurate to the best of my knowledge.

### Submission of Volunteer Registration Form:

- Please submit this form by **September 1, 2025** to:

Email: [info@kaa-macc.org](mailto:info@kaa-macc.org)

Phone: 704.925.1314

*Thank you for your dedication and support of the Kannapolis African-American Museum and Cultural Center! We look forward to celebrating with you and making this a memorable event for all!*

