

# KAA-MaCC Volunteer

## REGISTRATION FORM



You will be contacted when we receive your application. Your placement and work time will be confirmed 15 days prior to our event.

### PERSONAL INFORMATION

First Name:

Last Name:

Street Address:

Street Address (Line 2):

City:

State:

Zip Code:

Email:

Home/Mobile #:

Are you over 18?

☐ Yes

☐ No

Where did you hear about us?

Is your Company or Organization Volunteering?

☐ Yes

☐ No

Company or Organization:

How many members are in your Group?

What can you help with? ☐ Public Relations ☐ Clerical Work ☐ Event Host(ess)

☐ Disseminate Info ☐ Phonathon ☐ Peer-to-Peer Fundraising ☐ Projects

Why do you want to volunteer?

Sign me up to KAA-MaCC Supporter List

☐ Yes

☐ No

(Your Name)

(Date)