

A. Personal Information

Name: _____

Telephone: _____

Address: _____

Emergency Contact: _____

B. Volunteer Areas (please check one or more)

Front Office (Phones, customer service, filing, etc.)

Fundraising:

Flea Market (twice yearly)

Craft/Bake Sale (twice yearly)

Casino (once every two years)

Nevadas (selling tickets from 10-1 on weekdays)

Wednesday Night Dances

Flu Clinic (October)

Program Registration (three times a year)

C. Availability

Weekday mornings (8:30-12)

Weekday afternoons (12-4)

Weekends (Saturdays)

Specific days/times: _____