



2009 Volunteer Information

Dates of Event: 10/3/09 – 10/4/09

Please provide us with the following information.

Business / Organization Name: _____

Contact Person: _____

Mailing Address: _____
Street Suite # City State Zip Code

Contact Phone: () _____ E-Mail: _____

Volunteer Information:

Age: _____

School / Organization to receive credit towards: _____

Day to Volunteer: Saturday Sunday

Area:

Children's Area

Food Tent

Parking

Poker Dealer

Event Set Up

Event Clean Up

Staff Use Only

Time volunteer arrived: _____

Time volunteer departed: _____

Duties fulfilled in satisfaction: _____