

Volunteer Registration Form

Date:		
Name:		
Address:	City:	Zip Code:
Phone Number:	LWSC Member ID:	
Emergency Contact Name:	Emergency Contact Phone Number:	

Check the area of volunteer interests:

Greeter	<input type="checkbox"/>	Registration Assistance	<input type="checkbox"/>	Voting Ambassador	<input type="checkbox"/>	New Member Mentoring Program	<input type="checkbox"/>
Host/Hostess	<input type="checkbox"/>	Technology Ambassador	<input type="checkbox"/>	Event Rental Tour Guide	<input type="checkbox"/>	Building Monitor	<input type="checkbox"/>
Front Desk Attendant	<input type="checkbox"/>	Registration	<input type="checkbox"/>	News Reporter	<input type="checkbox"/>		<input type="checkbox"/>
Tour Guide	<input type="checkbox"/>	Parking Lot Assistant	<input type="checkbox"/>	Adopt-a-School	<input type="checkbox"/>		<input type="checkbox"/>
Classroom Monitor	<input type="checkbox"/>	RSVP	<input type="checkbox"/>	Toys for Tots	<input type="checkbox"/>		<input type="checkbox"/>
Other (please list)							

What is your availability? (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday
Anytime:	<input type="checkbox"/>				
From:	<input type="checkbox"/>				
To:	<input type="checkbox"/>				

Languages spoken other than English:

Are you willing to commit at least 6 months to your assignment? _____ Yes _____ No

If you are currently employed, please complete the following:

Business/Organization:	Position:
Job Responsibilities:	