

Volunteer Contact Info Form

Required before first work shift.

TYPE OF VOLUNTEER:

Non-profit group/team:

Middle School: High School: Families: Adult: Senior:

Individual Community Service:

Middle School: High School: College: Adult: Senior:

YOUR INFO:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Cell Phone: _____

Emergency Contact Name (adult 19+): _____ Cell Phone _____

What Event or Dates are you volunteering? _____

Days of the week available: _____ Times of day/nights available: _____

of hours you'd like to work: Per week: _____ Total in year: _____

How did you hear about LEC volunteer opportunities? _____

GROUP INFO (skip if not with a group):

Group's full legal name: _____

Other names your group goes by informally: _____

Type of Organization (sports team, church, etc): _____

Group Leader Contact/Coordinator Name: _____

Group Leader Cell Phone #: _____ Group Leader Email: _____

WOULD YOU LIKE TO BE ON OUR VOLUNTEER EMAIL LIST TO PICK SHIFTS AVAILABLE YEAR-ROUND?

(select all interested in)

Café/Bartend: Ticketing (usher, sell/scan tickets): Cleaning:

Event Operations Setup/Tear-down: Door/Parking Lot Monitor:

IMPORTANT: CHOOSE YOUR VOLUNTEER RECOGNITION

I don't want to be paid: Pay stipend to me as an individual:

Need hours certification form signed: Provide me with certificate of hours worked:

Pay stipend to my group (be sure to note group name in each shift you sign up):

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

volunteers _____ total hours worked _____ Coded to _____

I9 _____ Ck# _____ Date _____

Work Location _____ Dept _____

