



2011



Volunteer Application

In-SHUCK-ch Days would not be possible without its volunteers. Volunteers will still have the opportunity to participate in activities. We ask that volunteers fill out an application form so that we can ensure that volunteering is positive experience and we can contact volunteers. PLEASE SUBMIT BY FRIDAY, AUGUST 5, 2011.

CONTACT INFORMATION	
Name:	
Address:	
Phone:	
Email:	
Are you on Facebook?	<input type="checkbox"/> No <input type="checkbox"/> Yes- What is your name on Facebook? _____
Best way to contact you:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> Other: _____
Have you volunteered at In-SHUCK-ch Days before?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____

AVAILABILITY		
When are you available to volunteer at In-SHUCK-ch Days?	Saturday, August 20:	<input type="checkbox"/> Any time
		<input type="checkbox"/> 8:00am- 12:00pm
		<input type="checkbox"/> 12:00pm- 5:00pm
		<input type="checkbox"/> 5:00pm- 10:00pm
	Sunday, August 21:	<input type="checkbox"/> Any time
		<input type="checkbox"/> 8:00am- 12:00pm
		<input type="checkbox"/> 12:00pm- 4:00pm

INTERESTS/ ROLES	
Is there a certain area that you would like to volunteer?	<input type="checkbox"/> Any thing <input type="checkbox"/> Kids Zone* <input type="checkbox"/> Set up <input type="checkbox"/> Activities <input type="checkbox"/> Clean up <input type="checkbox"/> Serving food <input type="checkbox"/> Other: _____

**Volunteers at the Kids Zone will have a criminal record check since they will be working with children.*

TERMS & AGREEMENTS	
<p>I, _____, understand that as a volunteer at In-SHUCK-ch Days, I must handle myself in a professional manner at all times. I will respect that In-SHUCK-ch Days is a family event. This means I will not use course language, drugs or alcohol at In-SHUCK-ch Days, and I will be respectful to all participants, volunteers, and staff.</p>	
_____	_____
Name	Signature
_____	_____
Date	
Guardian/Parent of volunteers under 18 years old:	
I, _____, give permission for _____ to volunteer at In-SHUCK-ch Days.	
_____	_____
Guardian/Parent	Signature
_____	_____
Date	