**VOLUNTEER APPLICATION FORM**

**DD Awareness Day 2015 – May 28th 2015**

*Submission of this application does not guarantee selection as a volunteer at the event.*

*If chosen, volunteers will be contacted directly and informed of their assignment.*

*Please return form by May 1st, 2015 to DD Day 2015 P.O. Box 46 Strykersville, NY 14145*

**VOLUNTEER INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone Number |  |
| Alternate Phone Number |  |
| Email Address |  |
| I prefer to be contacted by | * Email
* Phone
 |
| Emergency Contact | Name:Relationship to You:Phone Number:Alternate Phone Number: |
| Languages Spoken |  |
| Age | * <18
* 18-25
* 26-35
* 36-45
* 46-55
* >55
 |
| Sex | * Male
* Female
 |
| Have been a volunteer for this event in the past? | * Yes\*
* No
 |
| \*If yes, for how many years? |  |

**SKILLS/PREFERENCES**

|  |
| --- |
| Please check your area of skill and preference:* Giving People Information/Directions/Crowd Control
* Selling T-shirts and other merchandise
* Providing First Aid Assistance
* Introducing Workshop Presenters and Filling Out Attendance Certificates
* Announcements
* Monitoring Outside Restricted Parking
 |
| Please elaborate on these experiences in the space below: |
| Please indicate your availabilities in the space below (between 7:00am and 4:30pm): |
| Why are you interested in becoming a DD Awareness Day Volunteer? |
| Do you need any special accommodations?  |

By signing this form I attest that the information supplied is true and accurate.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_