**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_