

ASSOCIATES VOLUNTEERS FORM
Contact Information (Page 1 of 2)



Name (s):

First *Last* *D.O.B. (month/day only)*

Email Address *Cell*

First *Last* *D.O.B. (month/day only)*

Email Address *Cell*

Primary Address

OR

Summer Address

Mailing Address

City *State* *Zip Code*

Summer or Home Phone, if any

Approx. Dates

From

To

Winter Address

(if any)

Mailing Address

City *State* *Zip Code*

Winter Home Phone, if any

Approx. Dates

From

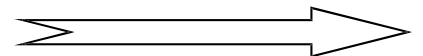
To

I/we are also enclosing a donation to the Annual Fund in the amount of:

\$ _____

Thank you for your interest in becoming an Associates Volunteer

IMPORTANT: Please turn page over to complete both sides of this form.



ASSOCIATES VOLUNTEERS FORM

Areas of Interest (Page 2 of 2)

Please take a moment to tell us about your special skills and interests. If more than one person is completing this form, please indicate which name corresponds to each number, then check all corresponding boxes below.

Name (#1):	
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Name (#2):	
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Volunteer availability:

#1	#2		#1	#2	
<input type="checkbox"/>	<input type="checkbox"/>	Winter Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	Summer Weekdays
<input type="checkbox"/>	<input type="checkbox"/>	Winter Weekends	<input type="checkbox"/>	<input type="checkbox"/>	Summer Weekends

I can offer expertise in the following area(s):

#1	#2		#1	#2	
<input type="checkbox"/>	<input type="checkbox"/>	Art/Graphics	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Software Support
<input type="checkbox"/>	<input type="checkbox"/>	Audio/Visual	<input type="checkbox"/>	<input type="checkbox"/>	Reception Coordination
<input type="checkbox"/>	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Management
<input type="checkbox"/>	<input type="checkbox"/>	PR/Marketing	<input type="checkbox"/>	<input type="checkbox"/>	General Construction/Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Other:			

I am interested in helping with:

#1	#2	
<input type="checkbox"/>	<input type="checkbox"/>	Usher
<input type="checkbox"/>	<input type="checkbox"/>	Merchandise Sales
<input type="checkbox"/>	<input type="checkbox"/>	Food Concession
<input type="checkbox"/>	<input type="checkbox"/>	Will Call
<input type="checkbox"/>	<input type="checkbox"/>	Office Support
<input type="checkbox"/>	<input type="checkbox"/>	Special Event Support
<input type="checkbox"/>	<input type="checkbox"/>	Grounds and Garden
<input type="checkbox"/>	<input type="checkbox"/>	Promotional
<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Support
<input type="checkbox"/>	<input type="checkbox"/>	Other:

THANK YOU FOR BEING A VOLUNTEER!

Lyn Huber-Membership Coordinator

Ellen Fredrich-Volunteer Liaison

Associates@BirchCreek.org

We look forward to seeing you at Birch Creek.
You will receive a follow-up call or email once your form is received.

**Return form by April 25 to be listed in our Program Book
to: Birch Creek Music Performance Center**

Associates Volunteers Form

PO Box 230

Egg Harbor, WI 54209

Phone: (920) 868-3763