



Celebrate Molalla

Your Voice ~ Your Community

September 22, 2018

Volunteer Information Form



Name _____

Address _____

City, State, Zip _____

Telephone _____ email _____

Emergency Contact

Name _____ Telephone _____

Volunteer

Where are you willing to volunteer? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Distribute flyers prior to event | <input type="checkbox"/> Monitor the event area |
| <input type="checkbox"/> Be a fundraiser prior to event | <input type="checkbox"/> Assist in kids craft area |
| <input type="checkbox"/> Set-up/Tear-down (event and vendors) | <input type="checkbox"/> Assist with games |
| <input type="checkbox"/> Trash collection throughout the day | |
| <input type="checkbox"/> Greet at an entrance | |
| <input type="checkbox"/> Answer questions / distribute event maps | |
| <input type="checkbox"/> Check in vendors, volunteers, etc. | |
| <input type="checkbox"/> Wherever you need me | |
| <input type="checkbox"/> Other (explain) | |

Please add me to the email distribution list for updates. Yes No

Drop this form off at City Hall or email to lchildress@gmail.com