NAME:_____
First last

Address:_____
Street city zip

Mailing address (if different from above)_____

Cell Phone:_____land line_____

Emergency contact:_____phone #_____
First last name

_____ _____

What hours are **best for you** to volunteer? 9:00-1:00 10:00-2:00 1:00-5:00

What day of the week is **best for you** to Volunteer: Mon. Tues. Wed. Thurs. Fri. Sat.

What day are you *NOT available* to work: _____

How long have you lived in Post Falls?_____years.

How long have you lived in North Idaho?_____years.

Do you volunteer at for other organizations? yes no _____
Organization

Why would you enjoy volunteering in the Post Falls Visitor Center?_____
_____
_____
_____
_____
_____
_____

Skills:_____
_____
_____
_____
_____

Hobbies:_____
_____
_____
_____

Circle the sites, attractions, recreations that you are familiar with:

Cabela's Buck Knives Stateline Speedway Center Target Sports the JACC
Post Falls Museum & History Walk Greyhound Park & Event Center Riverboat Queen
River City Lanes (bowling) Silverwood Triple Play _____
_____

Parks: Q'melin Falls Park (the Dam) Kiwanis Black Bay Corbin Treaty Rock
Millennium Skateboard Arboretum/ The Tree House _____

Restaurants: _____ _____ _____

_____ _____ _____ _____
List your favorite places to eat

Post Falls Chamber/Visitor Center / 201 E 4th Ave, Post Falls, ID/ 83854 / 208-773-5016
info@postfallschamber.com www.visitpostfalls.org