



Volunteer Information Form

Contact Info:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone Numbers

Home: _____ Cell: _____

Work: _____ Fax: _____

Best time of day to call: Mornings Afternoons Evenings
(please circle one)

Volunteer Information

I would like to volunteer my time: Yes or No
(please circle one)

Please indicate area(s) of interest:
(please circle all that apply)

Fundraising
Publicity
Research
Photography
Staging

Grants
Public Relations
Financial
Design
Lighting

Administration
Outreach
Website
Costuming
Sound

Possible resource contacts:
(please circle all that apply)

Suppliers
Studios

Catering
Storage

Transportation
Printing

How often would you like to volunteer?
____ hours per week/month (circle one)

Please Check when you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Additional Info

Educational Background:

Professional Background:

Special Interest/Hobbies:

Mail to: People Dancing, P.O. Box 6114, Ann Arbor, MI 48106