



VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone: Daytime(____) _____ - _____ Evening(____) _____

E-mail: _____

I would like to help with:

- | | | |
|--|--|---|
| <input type="checkbox"/> garden/landscape work | <input type="checkbox"/> tour guide | <input type="checkbox"/> moonlight walks |
| <input type="checkbox"/> office assistance | <input type="checkbox"/> special events | <input type="checkbox"/> maintenance |
| <input type="checkbox"/> slide presentations | <input type="checkbox"/> odd jobs | <input type="checkbox"/> bulk mailings |
| <input type="checkbox"/> trail maintenance | <input type="checkbox"/> staffing monthly events | <input type="checkbox"/> publicity / P.R. |
| <input type="checkbox"/> filing | <input type="checkbox"/> event set up/clean up | <input type="checkbox"/> newsletter |
| <input type="checkbox"/> grant writing | <input type="checkbox"/> general store keeper | <input type="checkbox"/> committees |

What are your skills: _____

Why do you want to volunteer: _____

I am interested in Whitesbog because: _____

I am available: _____

Please mail or deliver completed form to the Whitesbog Preservation Trust at the address below. Thank you.

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Office Notes: _____

