

A-Day Volunteer Sign-up Form for Faculty, Staff and Students

Name: _____

Phone: _____

E-mail: _____

For the safety of your children, we ask that they not accompany you to the area where you have volunteered to help. Please ask a family member or friend to supervise them during your scheduled work hours. Thank you.

Day(s) I can work (please check all that apply):

Friday, April 25 _____

Saturday, April 26 _____

Sunday, April 27 _____

Time(s) I can work (please check all that apply):

Friday: 12:00 p.m. – 2:00 p.m. _____

2:00 p.m. – 4:00 p.m. _____

4:00 p.m. – 6:00 p.m. _____

Saturday: 10:00 a.m. – 12:00 p.m. _____

12:00 p.m. – 2:00 p.m. _____

2:00 p.m. – 4:00 p.m. _____

4:00 p.m. – 7:00 p.m. _____

Sunday: 10:00 a.m. – 12:00 p.m. _____

12:00 p.m. – 2:00 p.m. _____

2:00 p.m. – 4:00 p.m. _____

4:00 p.m. – 6:00 p.m. _____

I am interested in helping with:

Cashiering _____

Ticket sales _____

Where needed _____