

2011 Stewart Father's Day Powwow

Volunteer Application

Contact Information	
Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-mail Address	

Availability (Please make sure you are able to work all assigned shifts)		
During which days are you available for volunteer assignments?		
<input type="checkbox"/> Morning Friday June 17th	<input type="checkbox"/> Morning Saturday June 18th	<input type="checkbox"/> Morning Sunday June 19th
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon FATHER'S DAY
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Interests	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Alumni Booth	
<input type="checkbox"/> Raffle Ticket Booth	
<input type="checkbox"/> 50/50	
<input type="checkbox"/> Set-up	
<input type="checkbox"/> Take-down	
<input type="checkbox"/> Information Booth	
<input type="checkbox"/> Runner	
<input type="checkbox"/> Grounds Crew	

Why do you want to volunteer?

Person to Notify in Case of Emergency	
Name	
Street Address	
City ST ZIP Code	
Work Phone	
Home Phone	
Cell Phone	

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Name (printed)	
Signature	
Date	

Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
Thank you for completing this application form and for your interest in volunteering with us.

***Please return completed form via mail, e-mail or fax to:**
Stewart Father's Day Powwow Committee
5366 Snyder Avenue
Carson City, NV 89403
Fax: (775) 687-8330
E-mail: cgibbons@nic.nv.gov