



# VIENNA MAIN STREET VOLUNTEER REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Work Phone (        ) \_\_\_\_\_

Cell Phone (        ) \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever volunteered before?      Yes       No

Are you able to volunteer on short notice?      Yes       No

Do you have any physical limitations or require special accommodations?      Yes       No

If yes, please specify: \_\_\_\_\_

How much time do you wish to commit to volunteering? \_\_\_\_\_

When are you available?  
Days       Evenings       Weekends

Are you currently employed?  
Yes       No

Please contact me about specific volunteer opportunities involving:  
Fundraising       Committee Work   
Special Events       Museum Volunteer

Where? \_\_\_\_\_  
\_\_\_\_\_

Please check your area(s) of interest and/or skills:  
Advertising/PR       Media   
Arts       Performing Arts   
Cotton Museum       Photography   
Events/Promotion       Publishing   
Fundraising       Video/Audio   
Gardening/Landscape

I will be able to approach my company about:  
(please check all that apply)  
Corporate Team Volunteering   
Financial Contribution   
Event Sponsor   
Use of my Company Time   
Other In-Kind Services

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Signed by Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Registration Form Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Information Entered in Database by: \_\_\_\_\_ Date: \_\_\_\_\_