

A.B.O.V.E.

Volunteer Application

Contact Information

Name Street Address City ST ZIP Code Home Phone Work Phone E-Mail Address T-shirt Size Interests Tell us in which areas you Are interested in volunteering: Merchandise booth Set-up & Break-Down Refreshment Booth Deliveries Phone bank Health Tent Media/ads		
City ST ZIP Code Home Phone Work Phone E-Mail Address T-shirt Size Interests Tell us in which areas you Are interested in volunteering: Merchandise booth Maintenance Set-up & Break-Down Information Table Refreshment Booth Children's Play Area Deliveries Phone bank Entertainment Booth Health Tent	Name	
Home Phone Work Phone E-Mail Address T-shirt Size Interests Tell us in which areas you	Street Address	
Work Phone E-Mail Address T-shirt Size Interests Tell us in which areas you	City ST ZIP Code	
E-Mail Address T-shirt Size Interests Tell us in which areas you	Home Phone	
T-shirt Size Interests Tell us in which areas you	Work Phone	
Interests Tell us in which areas you	E-Mail Address	
Tell us in which areas you	T-shirt Size	
Tell us in which areas you		
 Merchandise booth Set-up & Break-Down Refreshment Booth Deliveries Phone bank Maintenance Information Table Children's Play Area Runner Entertainment Booth Health Tent 	Interests	
Set-up & Break-Down Information Table Refreshment Booth Children's Play Area Deliveries Runner Entertainment Booth Health Tent	Tell us in which areas you	Are interested in volunteering:
Other Explain:	Set-up & Break-Down Refreshment Booth Deliveries Phone bank Media/ads	Information Table Children's Play Area Runner Entertainment Booth Health Tent

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience		
Summarize your previous volunteer experience.		
Person to Notify in Ca	ase of Emergency	
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signa		
that if I am accepted as a	ion, I affirm that the facts set forth in it are true and complete. I understand volunteer, any false statements, omissions, or other misrepresentations made nay result in my immediate dismissal.	
Name (printed)		
Signature		
Date		
Our Policy		
	nization to provide equal opportunities without regard to race, color, religion, kual preference, age, or disability.	
Please mail application to:		
P.O. Box 1236		
Webster, NY 14580 or		

Thank you for completing this application form and for your interest in volunteering with us.

Email to: volunteer@panaffestival.org