



VOLUNTEER SIGN-UP FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____

BEST TIME TO CALL: _____

EMPLOYER: _____ POSITION: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE #: _____

HOW DID YOU FIND OUT ABOUT US? _____

REFERRED BY: _____ PHONE: _____

VOLUNTEER EXPERIENCE: _____

IF YOU SPEAK ANY ADDITIONAL LANGUAGES, PLEASE LIST: _____

VOLUNTEER OPPORTUNITIES:

MY PLAYCLUB (monthly play dates at playgrounds) _____

SPECIAL EVENTS (Gala in March, Golf in May, Walk & Roll in September) _____

OFFICE ASSISTANCE (weekdays 9am-4pm in Sherman Oaks) _____

AVAILABILITY:

WEEKDAYS _____ WEEKEND _____ FLEXIBLE _____

MORNINGS _____ AFTERNOONS _____ EVENINGS _____

I acknowledge that my participation with Shane's Inspiration is entirely voluntary and accept all personal responsibility. By signing below, I release Shane's Inspiration from all liability, costs and damages which could arise from participation in events or activities involving Shane's Inspiration.

Volunteer Signature _____

Date _____