



VOLUNTEER REGISTRATION FORM

Volunteer Participant Information: (Please print)

Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Emergency Contact Name: _____ Phone: _____

Relationship to Volunteer: _____ Known allergies: _____

Availability: Please check the shifts you are available prior to and during the event:

Friday April 10, 2015

AM: ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 PM: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8

Saturday April 11, 2015

AM: ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 PM: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Special Skills or Areas of Interest: prioritize your top three choices; example -- 1, 2, 3

- | | | |
|---|--|---|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Field Crew (set up/tear down) | <input type="checkbox"/> Media Support |
| <input type="checkbox"/> Air Operations | <input type="checkbox"/> First Aid | <input type="checkbox"/> Parking Lots Attendant |
| <input type="checkbox"/> Aircraft Parking | <input type="checkbox"/> Flight Line Attendant/Taxiway | <input type="checkbox"/> Shuttle Team |
| <input type="checkbox"/> RE/MAX Ballon Team | <input type="checkbox"/> Forums/Workshops Support | <input type="checkbox"/> Trash/Recycling Detail |
| <input type="checkbox"/> Exhibitor Check-In | <input type="checkbox"/> Golf Cart Operations | <input type="checkbox"/> Volunteer Support |
| <input type="checkbox"/> Exhibitor Support | <input type="checkbox"/> Information Booth/Hospitality | <input type="checkbox"/> Other _____ |

Have you volunteered for the Expo before? ___ What Job? _____

Want this job again? _____

Volunteer Signature: _____ Date: _____