

VOLUNTEER APPLICATION



PLEASE PRINT

NAME _____ COMPANY _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE (HOME) _____ WORK _____ CELL _____

E-MAIL _____ DATE OF BIRTH _____

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

TELEPHONE (HOME) _____ WORK _____ CELL _____

NUMBER OF YEARS YOU HAVE VOLUNTEERED FOR MAIN STREET _____

PLEASE CHECK YOUR CHOICE OF TASKS IN ORDER OF PREFERENCE (1ST, 2ND, 3RD):

FIRST SHIFT (7 AM to 10 AM):

SECOND SHIFT (10 AM - 2 PM)

THIRD (2 PM - 6 PM)

_____ PARK SET UP

_____ MERCANTILE BOOTH

_____ MERCHANTILE BOOTH

_____ WINE GLASS BOOTH

_____ WINE GLASS BOOTH

_____ WATER/BREAD BOOTH

_____ WATER/BREAD BOOTH

_____ CHILDREN'S BOOTH

_____ CHILDREN'S BOOTH

_____ RUNNER

_____ RUNNER

_____ CLEAN UP CREW

OTHER(EXPLAIN): _____

I understand that as a volunteer, I am a representative of the Paso Robles Main Street Association. I agree to abide by the rules set by the Paso Robles Main Street Association.

Signature _____ Date _____

FAX THIS FORM TO Paso Robles Main Street Association at 805-238-4029.