

Volunteer Recruitment 2017-2018

First Name _____ Last Name _____

Return Volunteer yes No

Current School _____ Grade _____ Age _____

Contact Info for Student Volunteer:

Mailing address: _____

Phone Number _____ email _____

Can receive text messages yes no

Contact Info for Student's Parent/Guardian

Parents Name _____ Parents Phone Number _____

Mailing address: _____

Phone Number _____ email _____

Can receive text messages yes no

Volunteer Preference

First Choice:

Tuesday Wednesday Thursday Saturday

Teen & Jr. RAVE (**ONLY OPEN TO RETURN VOLUNTEERS**)

Second Choice

Tuesday Wednesday Thursday Saturday

Teen & Jr. RAVE (**ONLY OPEN TO RETURN VOLUNTEERS**)

Team mate preference: *Please take this space to list other volunteers you need to be matched up with for reasons such as carpool. We will try our best to accommodate this request!*

First Name _____ Last Name _____

Your training session will take place the weeks of September 5th-September 16th once you are assigned teams. You will be alerted of your training day via email by Friday, September 1st.

ALL FORMS MUST BE RETURNED BY FRIDAY SEPTEMBER 1ST, 2017
TO: ravefamilies@att.net fax (775) 356-8357, or mail PO Box 2072
Sparks, NV 89432