

# Volunteer Sign-Up

## 2016 Annual Training Conference



### Contact Information

Name	
Agency	
Job Title	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

\_\_\_ Thursday morning      \_\_\_ Friday morning  
\_\_\_ Thursday afternoon      \_\_\_ Friday afternoon  
\_\_\_ Thursday All Day      \_\_\_ Friday All Day

### Interests

Tell us in which areas you would prefer to volunteer (select as many as applicable)

\_\_\_ Session Monitor      \_\_\_ Signage  
\_\_\_ Tally Evaluations      \_\_\_ Raffle Table  
\_\_\_ Partner's Fair assistance      \_\_\_ Floater  
\_\_\_ Photography      \_\_\_ Other help: \_\_\_\_\_

### Sessions

Please indicate the sessions that you are interested in attending and would be willing to Monitor:

Thursday:

Friday:

### Previous Volunteer Experience

☐ I am a 'veteran' conference volunteer      ☐ I am a first-time volunteer

### Agreement and Signature

All non-director staff persons should seek prior approval to serve as a volunteer from their director. Please have your Director sign this form before returning it by fax or email.

Volunteer's Signature:	
Director's Signature:	

### Our Policy

It is the desire of this organization to do our utmost to assign you to a session that pertains to your position so you may benefit from the presentation in which you volunteer.

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

Please return to Kari Fox/ Wyandot CDJFS: [karissa.fox@jfs.ohio.gov](mailto:karissa.fox@jfs.ohio.gov) fax: 419-294-5874