



VOLUNTEER INFORMATION FORM

It takes hundreds of volunteers to make Art in the Park happen each year.
Would you and/or your company like to volunteer?

Name _____

Home Address _____

Home Phone # _____ Cell Phone # _____

E-Mail _____ T-Shirt Size _____

Employer or BCH Department _____

Under Age 21 Age 21 or Over Today's Date _____

Have you previously volunteered for the BCHF or AITP? Yes No

If yes, please describe your position: _____

Are you interested in being a Team Leader? Yes No

VOLUNTEER AREAS AVAILABLE

(Check all areas of interest)

- | | |
|--|---|
| <input type="checkbox"/> Event Setup & Operations | <input type="checkbox"/> Donation Station |
| <input type="checkbox"/> Volunteer Check-in & Hospitality | <input type="checkbox"/> Beer & Wine Booth |
| <input type="checkbox"/> Handicap Parking Lot Attendant | <input type="checkbox"/> Soda & Water Booths |
| <input type="checkbox"/> Off-Site Parking Lot Attendant | <input type="checkbox"/> Souvenir & Merchandise Sales |
| <input type="checkbox"/> Raffle Booth (pre-event, offsite) | <input type="checkbox"/> Trash Pickup (during event) |
| <input type="checkbox"/> Raffle Booth (during event) | <input type="checkbox"/> Cleanup Crew (after hours) |

COMPLETE INFORMATION FORM (one form per person)

LEAVE IN BOX (if provided)

or EMAIL COMPLETED FORM TO ART@BOULDERCITYHOSPITAL.ORG

or FAX COMPLETED FORM TO (702) 293-0587

For further information contact Kirsten C. Ashley (702) 813-8003 or email above