

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.

RETURN TO: ravefamilies@att.net fax (775) 356-8357, or mail

PO Box 2072 Sparks, NV 89432