





## VOLUNTEER SIGN UP

PLEASE PRINT *LEGIBLY* THE REQUESTED INFORMATION. Complete back and front of form, please, sign, and date.

Mail the completed form to P. O. Box 2024, OR E-mail screen shot to <a href="mailto:president@hccarts.org">president@hccarts.org</a>

Name:		
first.	middle initial.	last.
Company Name*:		
Phone number:Address:	Email 	
Address:		
City:	State:Zi	p:
DAYS AVAILABLE?	HOW MUCH TIME CAN YOU DEDICATE TO MONTHLY PROJECTS?	
Monday		_3 to 5 hours
Tuesday		_5 to 10 hours
Wednesday		10 to 15 hours
Thursday		15 to 20 hours
Friday		_20 hours or more
Saturday		
Sunday		
BEST TIME OF DAY?	DAY OF AN E	VENT ONLY?
Morning (6am to 10am)Afternoon (10am to 2pm)Evening (2pm to 6pm) Night (6pm to 10pm)		3 hours 6 hours 9 hours

Do you have any previous exp	perience volunteering?Y	ESNO.
If so, where and with whom?		
Questions, comments, concer	rns?	
Signature	Date	
Please check which event you ar	re interested in volunteering for:	
BOERNE BERFEST	SPOOKTACULAR  ATTHE CACRICULTURAL  ATTHE CACRICULTURAL	Boerne Waddle A Community Event
September 23, 2023	October 27 and or	May 25, 2024

Thank you for completing this form and offering us assistance. Your response has been recorded. You will be contacted within the next three (3) days by an officer of the appropriate organization.

October 27 and or October 28, 2023