



Volunteer Interest Form

Please print legibly

Name: _____ Birthday (day/month): _____

Address: _____

City/Zip: _____ Phone (preferred): _____ Secondary: _____

Email address _____

What interests you in volunteering? _____

<input type="checkbox"/> Committee Member	<input type="checkbox"/> Event Volunteer	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Board Member	<input type="checkbox"/> Mailings	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Event Chairperson	<input type="checkbox"/> Database Maintenance	

Skills, interests, hobbies, education, etc. _____

Please check all areas that may interest you:

<input type="checkbox"/> Website	<input type="checkbox"/> Phone Calls	<input type="checkbox"/> Retail Events
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Info Booths	<input type="checkbox"/> Fundraising Events
<input type="checkbox"/> Mailings	<input type="checkbox"/> Office Help	

Would you be interested in joining a monthly committee or more interested in a defined time frame/specific project?

<input type="checkbox"/> Join a Committee	<input type="checkbox"/> Specific Project
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Availability	<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekend	<input type="checkbox"/> 9-11 am	<input type="checkbox"/> 11AM-1PM	<input type="checkbox"/> 1-3PM	<input type="checkbox"/> 3-5 PM	<input type="checkbox"/> Any
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Other information you would like us to know: _____

Do you know anyone else interested in becoming involved? _____

OPTIONAL

Currently employed?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Semi-retired	<input type="checkbox"/> Retired	<input type="checkbox"/> Not Employed
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Work Experience: _____

How did you hear about Main Street Franklin? _____

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Community Gathering	<input type="checkbox"/> Friend	<input type="checkbox"/> MSF Event	<input type="checkbox"/> Other
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