



Otronicon Volunteer Information Sheet

Name: _____ Date of Birth: _____

Choose One:

- Adult Volunteer
- Youth Volunteer (13-17 or 18 if still attending high school)

Email Address: _____

Additional/Parent Email Address: _____

Please be advised that important volunteer information will be sent via email in the days leading up the event. The email address provided should be checked daily. Also, youth volunteers are encouraged to provide an additional parent email address.

Phone Number: _____ Alternative: _____

Group Affiliation (if applicable): _____

Examples: Service Clubs, Academic Clubs, Professional Organizations, Businesses, etc. *If volunteering as part of a group please note all volunteers must complete a separate form.

In the case of an emergency who should be contacted:

Name: _____ Phone Number: _____

Please choose the shifts that you would like to be placed on the schedule. Be advised that shifts will be assigned on a first come, first serve basis. Also, there is a limit of one volunteer shift per day per volunteer.

Friday 1/18/13

_____ 10am-2pm
_____ 2pm -6pm
_____ 6pm-10pm

Sunday 1/20/13

_____ 10am-2pm
_____ 2pm-6pm

Saturday 1/19/13

_____ 10am-2pm
_____ 2pm -6pm
_____ 6pm-10pm

Monday 1/21/13

_____ 10am-2pm
_____ 2pm-6pm