VOLUNTEER REGISTRATION

If printing form, please return to:



Saturday, October 18, 201	14, 10am-5pm, 5 Points	e City of Greenville & A Time for Plaza. Volunteers, like you, are the ve strive to DO GOOD IN GOOL	e key to the success of our
YOUR CONTACT INFORM	MATION		
LAST NAME:	FIRST NAME:		
EMAIL:	PHONE NUMBER:		
STREET ADDRESS:			
CITY:			
STATE:	ZIP:		
Age	18-30 30-50 50 and above	How should we contact you?	Phone Email
VOLUNTEER INFORMAT	TION		
Opportunities	I would like to volunteer as an individual		
	My group is interested in volunteering Name of group		
Select the top 3 jobs you wish during check-in.	to take part in from the drop	p-downs below. You'll be notified whic	h job you've been assigned to
1st CHOICE:			
2nd CHOICE:			
3rd CHOICE:			

City of Greenville

Greenville, NC 27835

PO Box 7207

Attn: Fall Festival Committee