



2016 YOUTH-FAMILY SUMMIT
VOLUNTEER REGISTRATION

PLEASE RETURN BY: Friday, July 1, 2016
DATE OF SUMMIT: Friday, July 29, 2016
LOCATION: Anniston City Meeting Center

VOLUNTEER INFORMATION

Name: _____ DOB: ____/____/____
First Last

Address: _____
Street City State Zip

Phone: (____) _____ - _____ E-Mail: _____

What is your preferred method of contact: _____

The summit will run from 9AM-2PM. Setup will begin at 8AM, and cleanup will hopefully conclude by 3PM. Please indicate what times you are available: _____

School Supply bags assembly and some setup will take place the evening of Thursday, July 28 at the City Meeting Center. Are you available to help out with this? _____

Please indicate if you are available for either training listed below (location TBA):

[] Wednesday, July 13 from 9AM-11AM

[] Saturday, July 16 from 1PM-3PM

What skills do you bring to the Summit? _____

What other relevant volunteer or work experience do you have? _____

How would you like ACEF to make use of your skills? Please number your top three choices.

[] Teaching

[] Classroom Aid

[] Registration

[] Crowd Control

[] Food Prep/School Supply Bags

[] Setup/Cleanup

Would you like us to contact you regarding future volunteer opportunities? You may be required to provide references and/or pass a background check. _____

RETURN TO ACEF AT:

chelms@annistoncef.org

818 Leighton Ave, Ste A
Anniston, AL 36207

PO Box 1026
Anniston, AL 36202