

NAME: _____

PHONE: _____



VOLUNTEER FORM



Taking care of disabled needs on the event day

MY VOLUNTEER QUALIFICATIONS

What Picket Sign Supplies can you donate?

What Picnic Supplies can you donate?

Can you take photos or videos of the event?

Describe any situation that would prevent you from Volunteering.

I HAVE:

☐

EMS TRAINING

☐

Valid DL

☐

SPED EXPERIENCE

☐

Vehicle

☐

LEO Community Outreach Experience

Can you bring snacks or food?

☐ YES

☐ NO

Can you bring a picnic blanket?

☐ YES

☐ NO

Can you bring an extra chair?

☐ YES

☐ NO

I consent to driving and being a disabled picketer's companion

SIGNATURE

DATE