Volunteer Application

Please Print Clearly

Name	
Home Address	
Home Phone Number	
Cell Phone Number	
Business Phone Number	
E-mail Address	
Birth date	
Available hours per week	
Day(s) of Week Available	

I have experience in these areas: ***Check which apply***

Microsoft Office Software	
Data Entry	
Accounting Practices	
Business Writing	
Marketing and Advertising	
Public Relations	
Website Maintenance	
Graphic Arts	
Computer Networking	
People Management	
Programming	
Permits / Venue Acquisition	
Event Planning	
Other:	

Volunteer Opportunities:
Please check all items that interest you.

Phone Solicitation	
Mailings	
Event Set-Up	
Volunteer Coordination	
Traffic Control	
Crowd Control	
Event Registration	
Parking	
Ticket Taking	
Information Booth	
Deliveries	
Supply Distribution	
Transportation	
Merchandise Sales	
Photography	
Security	
Communications	
Auction Volunteer	
Event Clean-up crew	
Other:	

Please tell us more about yourself, and why you would like to volunteer for the Thomas Hartman Foundation for Parkinson's Research, Inc. (please attach additional paper if needed. Thank you.)

Please mail this completed form to:
The Thomas Hartman Foundation for Parkinson's Research, Inc.
72 West Main St.
East Islip, NY 11730

Or Fax to: 631- 277-9656

Thank You!