

2019 Child Abuse and Family Violence Summit Volunteer Profile

Name (As you want it on your name tag)

Agency/ Community Group Associated or Employed With

Mailing Address (Street address, City, State, Zip)

Phone number(s) and best time(s) to call

Email address

Have you been a volunteer for the Summit before? Yes No

If yes, when and what was your assignment? _____

Please provide the following information to give us an idea of what you would like to volunteer for, however be aware that some positions fill quickly. You will be contacted regarding specific dates and times and positions available after we receive your information.

Which job/s would you be interested in volunteering for? (Please pick your choices starting with a 1 for first choice, 2 for second, etc.)

- ___ Anything
- ___ Help with set-up or tear-down (Monday and Friday)
- ___ Help with bag stuffing (this is somewhat fast paced-Monday)
- ___ Office Help/Data Entry (Tuesday-Friday)
- ___ Go-fer (Tuesday-Friday)
- ___ Summit Store (Tuesday-Friday)
- ___ Registration Area (Monday-Friday)
- ___ Information-Fun Table (Tuesday-Thursday)
- ___ Room Monitor (Tuesday-Friday)

What days/hours are you available?

(*We need Volunteers Monday through Friday between 7:30AM - 5:00PM)

Monday	Tuesday	Wednes.	Thursday	Friday
_____	_____	_____	_____	_____

Please indicate (circle one) shirt size (unisex sizes) XS S M L XL XXL XXXL

Please send the completed form to:

jennie.smith@state.or.us or Fax it to 503-731-4778

For any questions, please call Jennie Smith, DHS, 503-731-4558