greater newton chamber of commerce

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

When are you available for volunteer assignments?

___ Weekday mornings ___ Weekend mornings ___ Weekday afternoons
___ Weekend afternoons ___ Weekday evenings ___ Weekend evenings

Other_____

Interests

Tell us in which areas you are interested in volunteering

___ Decorating
___ Fundraising
___ Scholarship
___ Public Relations
___ Events, which:
___ Parades
___ Business Expo
___ Taste of Newton
___ Newton Day
___ Sweet Harvest Festival
___ Bridal Shows

Other _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Signature

Name (printed)	
Signature	
Date	

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