

GOLDEN ISLES PENGUIN PROJECT- VOLUNTEER FORM

Name: _____ Age: _____

Email: _____

Mailing Address: _____

City: _____ Zip: _____

Best Phone #: _____ Can this # Receive Texts? Yes No

Alternate Phone #: _____ Can this # Receive Texts? Yes No

The best way to reach me: Email Cell Home Work

I am available: Mornings Afternoons Evenings Weekdays Weekends

I would like to volunteer for the Penguin Project in the following capacity: (Circle all that apply or add your own)

Working with the artists/Artist coordinator Working with the mentors/Mentor coordinator

Working on the production: Sets Costumes Other _____

Providing Snacks Selling Tickets Usher

Other: _____

Please "X" out all conflict dates.

Please mark all conflict dates you may have during: January and June 2018

PERFORMANCE DATES ARE JUNE 14, 15, 16, 17, 2018

January 2018							February 2018							March 2018							April 2018						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
	1	2	3	4	5	6					1	2	3					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31	29	30					

May 2018						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Please return form to
Golden Isles Arts & Humanities
1530 Newcastle Street
Brunswick, GA 31520
info@goldenisesarts.org
www.goldenisesarts.org