

# 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](mailto:info@goldenisesarts.org)  
[www.goldenisesarts.org](http://www.goldenisesarts.org)