

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 2020

PERFORMANCE DATES ARE JUNE 11, 12, 13, 14, 2020

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

May						
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						
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