Volunteer Information Form for Members
(Please Print Clearly)

Name:

Mailing address:

Preferred phone number:

Email address:

Areas in which you would like to volunteer:

 \_\_\_\_ Annual Gathering \_\_\_\_ Regional Representatives

 \_\_\_\_ Educational Outreach \_\_\_\_ Research

\_\_\_\_ Energy Keepers \_\_\_\_ Special Projects

 \_\_\_\_ Finance \_\_\_\_ Website

 \_\_\_\_ Nominating \_\_\_\_ World Labyrinth Day

 \_\_\_\_ Membership \_\_\_\_ 365 Club

 \_\_\_\_ Publications \_\_\_\_ Volunteer Committee

 \_\_\_\_ PR/Social Media \_\_\_\_ Media

 \_\_\_\_ Online Auction \_\_\_\_ Other (please specify)

Please list your skills and abilities:

How many hours per week do you anticipate being able to volunteer?

Other relevant information:

Please email to: volunteer@labyrinthsociety.org or print out and mail to:

Neal Harris, TLS Volunteer Coordinator

26402 N. Edgemond Lane

Barrington, IL 60010

847-842-1752

Thank you!