

Volunteer Information Form

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 \_\_\_\_ Other (please specify)

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

List your skills and abilities that you can utilize in your volunteer work:

Indicate the time you are able to commitment to volunteer work with TLS:

\_\_\_\_ short, period projects \_\_\_\_ extended or on-going projects

What is the approximate hours per week that you have available for volunteer projects?

Other relevant information:

Please email to: [volunteer@labyrinthsociety.org](mailto:volunteer@labyrinthsociety.org) or print out and mail to:

Neal Harris, TLS Volunteer Coordinator

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Barrington, IL 60010