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 or print out and mail to:

Neal Harris, TLS Volunteer Coordinator

26402 N. Edgemond Lane

Barrington, IL 60010