

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](mailto: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!