



**Volunteer Information Form for Members
(Please Print Clearly)**

Name:

Mailing address:

Preferred phone number:

Email address:

Areas in which you would like to volunteer:

- | | |
|---|---|
| <input type="checkbox"/> Annual Gathering | <input type="checkbox"/> Regional Representatives |
| <input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Research |
| <input type="checkbox"/> Energy Keepers | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Website |
| <input type="checkbox"/> Nominating | <input type="checkbox"/> World Labyrinth Day |
| <input type="checkbox"/> Membership | <input type="checkbox"/> 365 Club |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Volunteer Committee |
| <input type="checkbox"/> PR/Social Media | <input type="checkbox"/> Media |
| <input type="checkbox"/> Online Auction | <input type="checkbox"/> 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@labyrinthociety.org or print out and mail to:
Neal Harris, TLS Volunteer Coordinator
26402 N. Edgemon Lane
Barrington, IL 60010
847-842-1752

Thank you!