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!