



Volunteer Information Form for Members

Please print clearly or use the fillable PDF form.

Name:	Date:
Mailing Address:	
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"/> Communications/PR	<input type="checkbox"/> Research Committee
<input type="checkbox"/> Education Outreach	<input type="checkbox"/> Special Projects
<input type="checkbox"/> Energy Keepers	<input type="checkbox"/> Website
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> World Labyrinth Day
<input type="checkbox"/> Media/Social Media	<input type="checkbox"/> Virtual Events
<input type="checkbox"/> Membership Area	<input type="checkbox"/> Volunteer Committee
<input type="checkbox"/> Nominating Committee	<input type="checkbox"/> TLS Board of Directors
<input type="checkbox"/> Online Auction	<input type="checkbox"/> Other (please specify):
Please list your skills, education, and interests:	
How many hours per week do you anticipate being able to volunteer?	

Please email to:
volunteer@labyrinthociety.org

If you have any questions, please contact:
Athena Dugan, TLS Volunteer Coordinator
volunteer@labyrinthociety.org

215-878-0562

Thank you!