



Volunteer Request Form
(Please print clearly)

Name of requester:

EC, BoD, and/or Committee position of the requester:

Mailing address:

Preferred phone number:

Email address:

Describe the project and include a clear statement of objectives so that the volunteer knows what they are supposed to do, how they should do it, and the timing.

List the skills and abilities that are needed to complete this project:

What is the approximate time commitment required to complete the volunteer activity-hours/week, days/month, months/year?

Other relevant information:

Please email to: volunteer@labyrinthssociety.org or print out and mail to:
Neal Harris, TLS Volunteer Coordinator
26402 N. Edgemoond Lane
Barrington, IL 60010
847-842-1752