Volunteer Information Form

Name:

Mailing address:

Preferred phone number:

Email address:

Areas in which you would like to volunteer:

____ Annual Gathering
____ Educational Outreach
____ Energy Keepers
____ Finance
____ Nominating
____ Membership
____ Publications
____ PR/Social Media

____ Regional Representatives
____ Research
____ Special Projects
____ Website
____ World Labyrinth Day
____ 365 Club
____ Other (please specify)
____ Media

List your skills and abilities that you can utilize in your volunteer work:

Indicate the time you are able to commitment to volunteer work with TLS:

____ short, period projects
____ extended or on-going projects

What is the approximate hours per week that you have available for volunteer projects?

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