



Volunteer Application for Groups of Eight or More

GROUP			
Today's Date:	_____		
Group Name:	_____		
Age Range:	_____		
Number of Volunteers:	_____		
Adults:	Children: under 10	10-14	14-18
_____	_____	_____	_____

SCHEDULE	
Date(s) or Day(s) you wish to volunteer:	_____
Time Requested: Morning:	Afternoon:
_____	Evening: _____
For DECO week (12/26-1/1) choose a shift time from the on-line iVolunteer program linked at www.sierramadrosefloat.org	
Tour Desired: Yes	No
_____	_____ (No group tours during Deco Week)
Special Interests or Needs (physical limitations, etc.):	_____
_____	_____

CONTACT			
Name:	_____		
Address	_____		
City:	State:	Zip:	
_____	_____	_____	
Phone Number(s):	_____		
E-mail Address:	_____		

Please send completed form to: volunteer@sierramadrosefloat.org

Email for questions or leave a message at the Float Barn at (626)355-7005