



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: _____
<i>For DECO week (Dec. 26-31) choose a shift time from the on-line iVolunteer program linked at www.sierramadrosefloat.org</i>
Tour Desired: Yes _____ No _____ <i>(No group tours during Deco Week)</i>
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