



**VOLUNTEER INFORMATION SHEET
HOLIDAY FANTASY OF LIGHTS 2009
SPONSORED BY ALZHEIMER'S FAMILY CENTER
954-971-7155**

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DID YOU REGISTER THROUGH VOLUNTEER BROWARD? YES ___ NO ___

HAVE YOU BEEN A VOLUNTEER BEFORE? YES ___ NO ___

IF ANSWERED YES, WHERE? _____

ARE YOU OVER 18 YEARS OLD? YES ___ NO ___

IN ORDER TO KEEP THIS A FAMILY VOLUNTEER EVENT, FOR YOUR SAFETY AND THE SAFETY OF OTHERS, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? WE ARE NOT LOOKING FOR MINOR INFRACTIONS. NO FELONIES AND NO CRIMES RELATED TO ANY SEXUAL OFFENSE WILL BE CONSIDERED. YES ___ NO ___

SIGNATURE FOR CONSENT FOR BACKGROUND
CHECK _____ DATE _____

DRIVERS LICENSE NUMBER _____ STATE _____

WE HAVE SEVERAL OPPORTUNITIES AVAILABLE FOR THE EVENT THAT BEGINS ON NOVEMBER 25TH 5:30 TO 10PM YES ___ NO ___ AVAILABLE _____

EVENT INSTALLATION BEGINS OCTOBER 22ND FROM 8-5 SPLIT SHIFTS AVAILABLE. YES ___ NO ___ DAYS AVAILABLE M-S _____

PLEASE FAX THIS FORM AND A COPY OF YOUR DRIVERS LICENSE TO (954) 956-7256 OR EMAIL sklein300@gmail.com

