



Volunteer Information Sheet

Thank you for your willingness to serve. Please volunteer by completing this form. Beginning in June 2013, members of the WCNA Workgroup will contact you to discuss your availability and confirm your assignment. Most of the volunteer recruiting will be done via email, so please be sure you provide a current and correct email address, and update us if your email addresses changes at elaine@na.org. Please remember that you must be registered to gain access to the convention center and volunteer.

This form can be completed directly online www.na.org/wcna

CONTACT INFORMATION

First Name _____ Last Name _____

Street Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Email Address _____

Phone Numbers (Please include area/city/country code) Home _____

Cell _____ Work _____

Clean Date: Month _____ Day _____ Year _____

AREAS OF INTEREST AND EXPERIENCE

- Willing to Serve Where Most Needed Program Convention Information
- Merchandise Entertainment / Events Registration
- Ability to translate English fluently into what language: _____

Cash Register Experience Yes No (minimum 2 years clean required for cash register)

What days and what hours **can** you work during the convention?

- | | | | | |
|------------------------------|---------------------------------|---------------------------------|--|--|
| <input type="checkbox"/> Wed | <input type="checkbox"/> 12-4PM | <input type="checkbox"/> 4-8PM | <input type="checkbox"/> 8-12 Midnight | |
| <input type="checkbox"/> Thu | <input type="checkbox"/> 8AM-12 | <input type="checkbox"/> 12-4PM | <input type="checkbox"/> 4-8PM | <input type="checkbox"/> 8-12 Midnight |
| <input type="checkbox"/> Fri | <input type="checkbox"/> 8AM-12 | <input type="checkbox"/> 12-4PM | <input type="checkbox"/> 4-8PM | <input type="checkbox"/> 8-12 Midnight |
| <input type="checkbox"/> Sat | <input type="checkbox"/> 8AM-12 | <input type="checkbox"/> 12-4PM | <input type="checkbox"/> 4-8PM | <input type="checkbox"/> 8-12 Midnight |
| <input type="checkbox"/> Sun | <input type="checkbox"/> 8AM-12 | | | |

The completed form can be given to a WCNA-35 Workgroup member, or sent by:
mail: WCNA-35 Workgroup; PO Box 9999; Van Nuys, CA 91409 or fax: 818.700.0700

For more information visit or call: www.na.org/wcna or 818.773-9999 ext 771

This convention will not be possible without your help.