

**VOLUNTEERS AND FRIEND OF THE ELLEN LAMBERT MURPHY MEMORIAL
COMMUNITY
CENTER**

VOLUNTEER INFORMATION

NAME:

ADDRESS:

PHONE: Home _____ Work _____ Cell _____

FAX: _____

May we call you at work? Yes ___ No ___

E-MAIL: _____

CONTACT IN CASE OF EMERGENCY:

Name _____ Phone _____

PLEASE TELL US A LITTLE ABOUT YOUR HOBBIES, INTERESTS AND SKILLS:

PLEASE TELL US ABOUT YOUR PREVIOUS VOLUNTEER EXPERIENCE:

Is there a particular type of service in which you are interested? Please check all that apply.

ATHLETICS

**BASEBALL / SOCCER / SUMMER HOOPS / VOLLEYBALL/WINTER YOUTH
BASKETBALL SKILLS/ DARTS/KIDS BOWLING LEAGUE**

Assist with coordinating _____

Coach _____

Assistant coach _____

Pre game field clean-up _____

Post game clean-up _____

Transportation to game _____

Referee _____

Concession Stand _____

VACATION WEEK ACTIVITIES

_____ February vacation (1 week program)

_____ April vacation (1 week program)

_____ Summer vacation (6 week program)

_____ OTHER

OFFICE DUTIES

_____ light clerical work including taking calls, sports & activity registrations,
writing notes and photocopying

_____ making phone calls from home

_____ updating our website

_____ filing

_____ distributing and hanging up flyers and notices

_____ OTHER

BUILDINGS AND GROUNDS

_____ Spring cleaning and flower bed preparation

_____ Fall clean-up of fallen leaves and brush

_____ litter clean up

_____ cleaning inside the buildings

_____ bowling alley maintenance

_____ OTHER

FUNDRAISING

_____ Set up tables for events

_____ Clean up for the events

_____ Work booths

_____ Bake food donations for sales

_____ OTHER

COMMUNITY EVENTS

_____ Set up tables for events

_____ Clean up for the events

_____ Work booths

_____ Bake food donations for sales

_____ OTHER