



Volunteer Sign-Up

NAME: _____ PHONE: (M) _____ (W) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ TSHIRT SIZE: S M L XL

SPECIAL SKILLS (languages, computer skills etc.): _____

SPECIAL REQUESTS (we will attempt to accommodate): _____

Please Indicate the times you are available to volunteer: *(we ask that you are available for the entire shift)*

<u>Saturday:</u>	<u>Sunday:</u>	<u>Monday:</u>	<u>Tuesday:</u>	<u>Wednesday:</u>
<input type="checkbox"/> 8am-1pm	<input type="checkbox"/> 7am-12pm	<input type="checkbox"/> 7am-12pm	<input type="checkbox"/> 7am-12pm	<input type="checkbox"/> 7am-12pm
<input type="checkbox"/> 1pm-6pm	<input type="checkbox"/> 12pm-5pm	<input type="checkbox"/> 12pm-5pm	<input type="checkbox"/> 12pm-5pm	<input type="checkbox"/> 12pm-6pm
	<input type="checkbox"/> 5pm-7pm	<input type="checkbox"/> 6pm-8pm	<input type="checkbox"/> 5pm-10pm	<input type="checkbox"/> 6pm-8pm

Conference activities take place at the Portland Marriott Downtown Waterfront Hotel—1401 SW Naito Parkway

Please e-mail, mail or fax this form to:
 March of Dimes Foundation
 C/O Lily Shorey
 1220 SW Morrison, Ste 510
 Portland, OR 97205
 Fax: (503) 222-5965
 E-Mail: Lshorey@marchofdimes.com



www.dohad2011.org