



Volunteer Sign-Up Sheet

Name: _____

Phone: _____ **Email:** _____

Please check which activities you would like to help with:

- | | |
|--|---|
| <input type="checkbox"/> Christmas | <input type="checkbox"/> Irish Fest |
| <input type="checkbox"/> Easter | <input type="checkbox"/> Memorial Day |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Summer Children Games |
| <input type="checkbox"/> Fourth of July | <input type="checkbox"/> Blood Drive |
| <input type="checkbox"/> Labor Day | <input type="checkbox"/> Octoberfest |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Halloween Parties |
| <input type="checkbox"/> Haunted Hay Ride | <input type="checkbox"/> Community Clean-up |

If there are other activities you would like to volunteer for please list them below:
