

Name (first and Last)			
Karin Robertson			
Address	City	State	Zip
5302 Brookview Drive	Fort Wayne, IN		46835
Email	Mobile		
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Volunteer Sign-up Form

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dates/times available please check which time slots you want to volunteer			
Tuesday, June 10		<u><i>XAfternoon</i></u>	<u>Evening</u>
Wednesday, June 11	Morning	<u><i>XAfternoon</i></u>	Evening
Thursday, June 12	Morning	<u><i>XAfternoon</i></u>	Evening
Friday, June 13	Morning	<i>XAfternoon</i>	Evening
Saturday, June 14	Morning	<u>Afternoon</u>	Evening



We're looking for volunteers to serve as workshop monitors, convention ambassadors, muscle and more!

The Convention benefits greatly from the efforts of dedicated volunteers. Please consider contributing a few hours of your time.

Please complete and return by email to convention@hearingloss.org

The first 25 volunteers will receive discounted registration.
 3 Day volunteer - \$225 (8 hour commitment to volunteer required) 1 day volunteer - \$100 (for the day you volunteer, 2 hour minimum commitment)

Questions? Email convention@hearingloss.org or call 301.657.2248 Ext. 102

If you would like to volunteer for workshop assisting, please indicate your preference for which workshops you would like to assist: (this is preference **only**, we cannot guarantee you will assist the workshops you select)

Please indicate your preference for volunteering (position description on Duties Doc):

- ☐ Bag Stuffer (Tuesday Only)
- ☐ Registration/Welcome/Info
- ☐ Workshops
- ☐ Ceremony/Receptions
- ☐ Volunteer Pool

Please check if you have physical limitations:

Yes

No

☐☐

Return by e-mail to convention@hearingloss.org