Name (first and Last)			
Karin Robertson			
Address	City	State	Zip
5302 Brookview Drive	Fort Wayne, IN		46835
Email	Mobile		
karinrobertson07@gmail.com	865-441-5236		

Volunteer Sign-up Form

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