

Are you involved in any professional, business or political association? If so, please list below:

Organization	Nature of Activity

References:

Name	Relationship	Phone Numbers

Education: High School College/University Degree/Diploma/Certificate: _____

As a result of your school, business and volunteer experience, please indicate skills you have acquired that you can apply to your volunteer experience with the Apple Blossom Festival:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Budgeting | <input type="checkbox"/> Campaigning |
| <input type="checkbox"/> Computer <i>Word Processing</i> | <input type="checkbox"/> Computer <i>Spreadsheets</i> | <input type="checkbox"/> Computer <i>Databases</i> |
| <input type="checkbox"/> Computer <i>Presentations</i> | <input type="checkbox"/> Computer <i>Publishing</i> | <input type="checkbox"/> Corp. Event Planning |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Legal | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Policy Development | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Proposal Development | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Recruiting | <input type="checkbox"/> Research (Project) | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Supervision/Coaching | <input type="checkbox"/> Sales | <input type="checkbox"/> Teaching/Training |
| <input type="checkbox"/> Media Relations | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Other: _____ |

Briefly describe your qualifications or experience in your main areas of expertise: _____

Please list any hobbies you are involved in: _____

Is there a specific Apple Blossom Committee you are interested in volunteering with? _____

Are you interested in volunteering year-round or just during Apple Blossom-time? _____

When are you available to volunteer? Days Evenings Weekends

Why are you interested in volunteering with the Apple Blossom Festival? _____

How did you learn about our volunteer program?

Family/Friend Media Posted Advertisement Other: _____

Is there any other information you would like the Apple Blossom Festival to know? _____

Please sign below to confirm the information on this form is correct. Also note that background checks will apply:

Signature

Date

Personal information provided here will not be used for purposes other than those related to Apple Blossom operated programs or business purposes. Your information will be handled with respect, and will not be sold, given away, or provided to parties outside the Apple Blossom Festival without your consent, unless the law requires that it be shared."