



VOLUNTEER APPLICATION FOR WALK 'N ROCK FOR KIDS

Sunday, May 30, 2010

Date: _____

Name: _____

Last First Middle Initial

Home Address: _____

Street Apt# City Zip

Home Phone: (____) _____ Cell/Alternate Phone: (____) _____

E-mail Address: _____ T-Shirt Size _____ Birth Date: _____

Are you over 21 years of age? Yes ____ No ____

Sections will be filled on a first-come/first-served policy. Timing and actual duties subject to change.

- Requesting to volunteer for the morning/walk portion of the event
Requesting to volunteer for the afternoon-evening/concert portion of the event
Check here to be up-to-date on what is happening at Hope Productions Foundation.

Please return completed application to:

Hope Productions Foundation
2020 Hurley Way, Ste. 185, Sacramento, CA 95825

Fax: 916.920.4681

aplana@hopeproductions.org

(Office Use)

Received: _____ Call back date: _____

Salesforce: _____ / Kept up-to-date: _____ E-mail confirmation date: _____

Notes: _____