

MRM Shindig Volunteer Form

31st Annual Grand Western Shindig

Thursday, December 2, 2010

Personal:

Name: _____ Spouse: _____

Address: _____ Zip: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Work Phone: (____) ____-____

Fax: (____) ____-____ Email: _____

Number of years I've volunteered with MRM's Grand Western Shindig: _____

In what capacity?: _____

Number of years I've volunteered with other organizations for special events/fundraising: _____

In what capacity?: _____

How you would like your name printed in publications: (please type or print clearly)

The following days of the week are best for me to meet (check all that apply):

Monday Tuesday Wednesday Thursday Friday

Morning (approx. 9:00am) Lunch (approx. 11:30am) After Work (approx. 5:30pm)

Interest:

2010 MRM Shindig Committee (check one or more):

- | | | |
|--|--|--|
| <input type="checkbox"/> Underwriting/Table Sales | <input type="checkbox"/> Live Auction | <input type="checkbox"/> Silent Auction |
| <input type="checkbox"/> Country Store Auction | <input type="checkbox"/> Production/Logistics | <input type="checkbox"/> Printed Materials |
| <input type="checkbox"/> Decorations/Party Favors | <input type="checkbox"/> Tote, Fetch & Delivery | <input type="checkbox"/> Auction Display |
| <input type="checkbox"/> Day before Event <i>(not a committee)</i> | <input type="checkbox"/> Day of Event <i>(not a committee)</i> | <input type="checkbox"/> Night of Event <i>(not a committee)</i> |

Please talk to me about chairing or co-chairing the following committee: _____

I am interested in serving on the following committee in **2011** (check one or more):

- | | | |
|--|--|--|
| <input type="checkbox"/> Underwriting/Table Sales | <input type="checkbox"/> Live Auction | <input type="checkbox"/> Silent Auction |
| <input type="checkbox"/> Country Store Auction | <input type="checkbox"/> Production/Logistics | <input type="checkbox"/> Printed Materials |
| <input type="checkbox"/> Decorations/Party Favors | <input type="checkbox"/> Tote, Fetch & Delivery | <input type="checkbox"/> Auction Display |
| <input type="checkbox"/> Day before Event <i>(not a committee)</i> | <input type="checkbox"/> Day of Event <i>(not a committee)</i> | <input type="checkbox"/> Night of Event <i>(not a committee)</i> |

Please talk to me about chairing or co-chairing the following committee: _____

Referral(s):

I'd like to ask my friend, _____, to serve on the committee with me this year.

His/her phone number is (____) ____-____ or email _____

I'd like to ask my friend, _____, to serve on the committee with me this year.

His/her phone number is (____) ____-____ or email _____