



Event Committee Information Form

Please return completed form to Natasha Robinson
natasha@prevailinc.org

PLEASE PRINT

NAME:

Last

First

Middle

Suffix

THIS INFORMATION IS CONFIDENTIAL

MAILING ADDRESS:

Street

Apt/Unit or PO Box

City

State

Zip Code

HOME NUMBER: ()

CELL PHONE NUMBER: ()

E-MAIL:

What is the best way to contact you:

Home Phone

Cell Phone

Email

GENDER PRONOUNS (i.e. he/his, she/hers, they/theirs):

BIRTH DATE:

Month

Day

Year

Availability:

Day of the Week: Monday Tuesday Wednesday

Thursday Friday

General Time: Morning Lunch Hour

Evening Flexible Schedule

CERTIFICATION: I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a volunteer position with Prevail.

Signature

Date

Short Essays

Describe why you want to volunteer at Prevail:

Describe what you would like to help with the most on this committee:

Please include any additional information, views, or comments:

Prevail, Inc.
1100 South 9th Street, Suite 100
Noblesville, IN 46060

(317) 773-6942
www.prevailinc.org