



## Event Committee Information Form

Please return completed form to Natasha Robinson  
[natasha@prevailinc.org](mailto: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**

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**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:**

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