



SHOPPING • ENTERTAINMENT • MUSEUMS • FOOD

Volunteer Application

Name: _____ Phone: _____

Email: _____

Address: _____

Volunteer Experience: _____

Interests, Hobbies: _____

Special skills, qualifications: _____

Type of volunteer activities preferred: _____

Event Interests: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> GlassFest (May) | <input type="checkbox"/> Memorial Day Parade (May) |
| <input type="checkbox"/> Race Fever (August) | <input type="checkbox"/> Jazz & Harvest Festival (September) |
| <input type="checkbox"/> Sparkle (December) | |
| <input type="checkbox"/> Tree Lighting Ceremony/Parade of Lights (December) | |
| <input type="checkbox"/> Office/Administrative | |

Please return form to:

Lin Kotlinski

Corning's Gaffer District

114 Pine Street – Ste. 202

Corning, NY 14830

Email: lin@gafferdistrict.com

Fax: (607) 962-3112