

VOLUNTEER INTEREST FORM

AARP Nevada
5820 S. Eastern Ave., Ste. 190, Las Vegas, NV 89119
Please return by April 30, 2009



NAME (Please print clearly): _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE : (_____) _____ CELL: (_____) _____

EMAIL: _____

Are you bilingual?: YES NO If yes, language(s) spoken: _____

If you want to volunteer with a friend or group, please indicate name(s): _____

Note: each person must submit a separate Volunteer Interest Form _____

AVAILABILITY

*Please check **all** days & times you are willing to work.*

(Note: Some morning shifts start as early as 6:30a.m. & some evening shifts end as late as 11:00p.m.)

Thursday, October 22, 2009

Friday, October 23, 2009

Morning Afternoon Evening

Morning Afternoon Evening

Saturday, October 24, 2009

Morning Afternoon Evening

VOLUNTEER ASSIGNMENT INTERESTS

*(Please check **all** that apply)*

Ushering/Escorting/Crowd Control Clerical Tasks
Greeting People/Providing Directions Computer Skills

PHYSICAL REQUIREMENTS

All volunteer opportunities require walking/standing for long periods of time

Are you able to stand/walk for 3 hours? YES NO

If no, please explain: _____

EMERGENCY CONTACT INFORMATION

Name (Please print clearly): _____

Phone 1: _____ Phone 2: _____

For more information see www.aarp.org/nv or email nvaarp@aarp.org

Be sure to mark your calendar — your assignment will be mailed to you in late August/early September.

Thank you for volunteering!