



# EVENT VOLUNTEER INTEREST

Only our professional therapists work directly with our kids. However, we appreciate your help in other ways!  
Thank you!

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Are you a student? \_\_\_\_\_ If yes, which school do you attend? \_\_\_\_\_

Is volunteering part of a school/curriculum requirement? Explain. \_\_\_\_\_

How did you hear about us? Do you know someone affiliated with the SGS&NMC? \_\_\_\_\_

Would you like to receive our newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_ Already receive \_\_\_\_\_

## *I am interested in volunteering in the following areas:*

### FUNDRAISERS

- ◇ Auction (*Saturday in March*)
  - ◇ Pre-event preparation
  - ◇ Set up Saturday morning
  - ◇ Event volunteer Saturday evening
- ◇ Penny Drive (*year-round*)
  - ◇ Help label penny containers
  - ◇ Collect pennies on Community Day (*Saturday in April*)
  - ◇ Get my school involved
- ◇ Golf Tournament (*Monday in June*)

### OFFICE SUPPORT

- ◇ VISION newsletter folding (*quarterly*)
- ◇ Other as needed

### BUILDING MAINTENANCE

- ◇ Outdoor gardening
- ◇ Light cleaning (dust, wash windows, etc.)
- ◇ Other as needed

Comments/Other Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## *When are you available to help?*

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

## *Please return this form to:*

Spokane Guilds' School & Neuromuscular Center  
Attn: Tammy Sweeney  
2118 West Garland Ave.  
Spokane, WA 99205

Please call Tammy with any questions.  
Phone (509) 326-1651  
Fax (509) 326-1658  
tammys@guildschool.org