



HEALDSBURG
CHAMBER OF COMMERCE
& VISITORS BUREAU

Volunteer Application

Name _____

Phone(s) _____

Email _____

Emergency Contact _____

Relation _____

Phone(s) _____

Why do you want to volunteer with us? _____

Which categories do you feel you are MOST knowledgeable about? (Check all that apply)

Wineries Breweries Restaurants Art Galleries Hiking

Lodging River Activities Children Activities Weddings/Events

Other _____

Which categories do you feel you are LEAST knowledgeable about?
(Check all that apply)

Wineries Breweries Restaurants Art Galleries Hiking

Lodging River Activities Children Activities Weddings/Events

Other _____

Are you comfortable with answering the phone? Yes No

Are you comfortable with talking to strangers? Yes No

Can you pick up 20lbs? Yes No

Please circle available days and times

Monday 10-12, 12-2, 2-4

Tuesday 10-12, 12-2, 2-4

Wednesday 10-12, 12-2, 2-4

Thursday 10-12, 12-2, 2-4

Friday 10-12, 12-2, 2-4

Are you available to volunteer Saturdays?

Often Sometimes Never

Are you available to volunteer Sundays?

Often Sometimes Never

I have provided accurate information on this application. I have answered everything on this application to the best of my knowledge.

Sign _____

Date _____