

## **Volunteer Application**

Please complete the form below and use the submit button to email to volunteer@spac.org. Alternatively, you may print and mail the form to: SPAC, Volunteer Office, 108 Avenue of the Pines, Saratoga Springs, NY 12866

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Volunteer	Intorm	ation
Volunteen		ation

voluntee					
First Name:			Last Name:		
Address:					
City:			State:	Zip:	
Phone:	Mahila/Call	Ноте		Preference:	
Email:	Mobile/Cell	nome			
Spouse/	Partner Inform	nation (If volunteering together)			
First Name	:		Last Name:		
Address:					
City:			State:	Zip:	
Phone:				Preference:	
Email:	Mobile/Cell	Home			
	s Volunteer Exp				
		eer positions (part-time or full-time)	Phone:		
Organizatio			Filone:		
Brief Descri Responsibil	-				
Organizatio	on:		Phone:		
Brief Descri Responsibil					
Why are you		I am able to commit to working at least 10 events this summer			
interested in volunteering at SPAC?		Any questions, please call 518.584.9330 ext. 106. The volunteer office is open from May through September. All application acknowledgments and phone messages will be answered in early May.			

Thank you for your interest!