



VOLUNTEER APPLICATION - SC HORROR CONVENTION

Applicant Name:

Email address:

Number :

Do you have previous volunteer work experience? YES NO

Please tell us what you like about volunteer work?

How did you hear about volunteering with us?

What days of the week are you available? Please circle all that apply:

Saturday Sunday

Friday

Are there any times/days that you are NOT available? _____

Any restrictions or special needs: _____

Emergency Contact Name:

Relationship:

Number: