



VOLUNTEER REGISTRATION

2016 HEArt Show

February 5, 2016

Benefitting

Louis and Anne Green Memory & Wellness Center
of the Christine E. Lynn College of Nursing
at Florida Atlantic University

(Please Print Neatly)

Today's Date ____/____/____

CONTACT INFORMATION

First Name		Last Name			Birth Date	
Mailing Address			City	State	ZIP Code	Cell Phone No.
Email Address				Fax No.		Work Phone No.
School/Company/Organization (if applicable)				How did you hear about this event?		

How would you like to help?

Check all that apply:

- Event Set up** – assist with decorations, display construction and art placement.
- Host/Hostess** – check in guests, hand out programs, direct guests during event.
- Gallery Assistant** – assist guests in locating and purchasing art.
- Muscle** – loading, lifting and moving.
- Administration** – help with mailings, phone calls, and other projects.
- Wrap Up** – take down decorations, displays and load art.
- Other:** _____

All volunteers are required to participate in a one-hour pre-event meeting to be held the weekend before the event. Date and time to be determined.

Signature of Volunteer

Date

Signature of Parent (for Volunteers under the age of 17)

Date

Email completed registration to HeartShowInfo@gmail.com or fax to (561) 278-6023

Healing Through Expressive Arts
 HeartShow.org
 250 Royal Ct, Delray Beach, FL 33444
 (P) 561.278.6033 (F) 561.278.6023
 HeartShowInfo@gmail.com