



GREAT BASIN YOUNG CHAUTAUQUA VOLUNTEER SIGN UP FORM

Please fill out the following information:

Name: _____

Telephone
Home: _____ Cell: _____ Work: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Do you have a child in the program? YES or NO

If yes, what is your child's name? (Please include the names of all of your children enrolled in the program.)

Would you prefer to volunteer in a group with your child? YES or NO

Would you like to volunteer as a: Group leader Assistant group leader Mentor
 Other (please specify): _____

What are your special interests, talents, and strengths that you feel would be useful to the Young Chautauqua program?

Please return the completed form to the program coordinator at a Great Basin Young Chautauqua meeting or mail it to:

Attn. Great Basin Young Chautauqua
Nevada Humanities
P. O. Box 8029
Reno, NV 89507

775-784-6587 ♦ nevadahumanities.org ♦ onlinenevada.org ♦ youngchautauqua@gmail.com

Please be advised that volunteers who work closely with children may be asked to undergo a routine background check.