

ASL Weekend Application Form

Staff volunteer
April 30 to May 2, 2010

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Before you fill out this form, you are required to work the Full Weekend and to have a minimum of two semester of ASL training.

Why do you want to volunteer for ASL Weekend?
Explain in several sentences.

Tell me about yourself and what is your goal to contribute deaf community?

Deadline for this application is **Feb. 16, 2010**.
Please complete, save, and attach in e-mail:
To: Scott Baughman scottbaugh@charter.net
Subject: ASL Weekend Volunteer