

Sutherlin Visitors Center Volunteer Application

Supporting Business Today For A Better Tomorrow

Date:		
Name:		
Phone:		
Cell Phone:		
Email Address:		
Address:		
City:	State:	Zip:
Length of residency in Sutherlin:		Past
Volunteer/Professional Experience:		
Special Skills/Hobbies: Number of hours that you would volunteer each		
Please circle your most available days of the we		
Would you be available for fill in when a volunte		
Emergency Contact:	Rela	tionship:
Phone Number:	_ Cell Phone:	
I understand that I volunteer my services through Program and am not considered an employee		
Signature:		

Information provided on the Sutherlin Visitors Center volunteer application is for in-house use, we do not provide third parties with this information. There will a 90-day probation period for new volunteers.

Thank You