YOUNTVILLE CHAMBER of COMMERCE

Yountville Chamber of Commerce & Welcome Center

6484 Washington Street, Suite F Yountville, CA 94599 (707) 944-0904 www.yountville.com

Volunteer Application

NAME:					
ADDRESS:					
CITY, STATE ZIP:					
TELEPHONE:		E-MAIL:			
BIRTHDAY:					
		WORK SCHEDULE	QUESTIONNAIRE		
9:00 a.m. to 1:0 you prefer work	0 p.m. or 1:00 to 5:00 ing a set day each we	p.m. Weekend shifts a eek such as Monday <u>or</u> tv	re 5 hours in length wo <i>weekend</i> days p		
If yes, please list	the day/days you ca	n work in order of prefe	rence: 1	2	
3	4	5	6	7	
-		•		what day/days of the week are y	ou able
Volunteers are r Volunteers shou Prospective volu	equired to cover the	r assigned shifts with a fate their concerns direct	loater or by some ly with the Operat	must have good listening skills. other means when necessary. ons & Membership Manager. a 60-day probationary period pri	ior to
Signature:		Date:			