



Hampton Main Street Program Volunteer Application

Name:			
Home Address:			
Day Phone:	Evening phone:	Cell Phone:	
Work (if applicable) Company:			
Your title / position:			
Work Address:			
Email Address:			
Source of Referral:			

Preferred method of contact (check all appropriate): day phone evening phone cell phone email

Availability: Days Evenings Weekends Anytime

Special Skills: (check all applicable)

<input type="checkbox"/> Fundraising	<input type="checkbox"/> Marketing / Public Relations
<input type="checkbox"/> Special Events (planning & implementing)	<input type="checkbox"/> Public Speaking / Community Outreach
<input type="checkbox"/> Technology	<input type="checkbox"/> Writing / Newsletter
<input type="checkbox"/> Finance	<input type="checkbox"/> Graphic Design / Layout
<input type="checkbox"/> Business	<input type="checkbox"/> Social Media / Web Design
<input type="checkbox"/> Landscape Design	<input type="checkbox"/> Other:

Connections in the Community: (check all applicable)

<input type="checkbox"/> Religious Community	<input type="checkbox"/> Health
<input type="checkbox"/> Education	<input type="checkbox"/> University
<input type="checkbox"/> Technology	<input type="checkbox"/> Other:

Professional Background:

<input type="checkbox"/> For-profit business	<input type="checkbox"/> Non-profit Organization
<input type="checkbox"/> Government	<input type="checkbox"/> Other:

Education Background:

<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Some Graduate coursework
<input type="checkbox"/> Some College	<input type="checkbox"/> Graduate Degree or higher
<input type="checkbox"/> Undergraduate College Degree	<input type="checkbox"/> Other:

Other Affiliations: _____

Other Board /Committee service: _____

Any other pertinent information: _____
