

Volunteer Application/Registration

Dogwood Wine Festival, April 23, 2016, 11AM-6PM
Reynolds Building, 6641 West Broad Street, Richmond, VA 23230

Please tell us about yourself (please print with pen or complete as a fill-in PDF.

Name:	Email:	
Street:	City:	State:Zip:
Home Phone: ()	Cell: ()	Adult T-shirt size:
Do you have any physical limita	ations? Please check one: YES No	o
State any condition so assignm	ents are made appropriately:	
Application Type: Please che	ck one: Are you 21 years old. YES	 NO
Retired Adult Y N	Business/ Corporate group m	nember:
	which you have participated:	
	, guide, beverage server, grounds, etc.)	
Many VOLUNTEER opportunities and/or walking for 3/4 hours at a tweigh 5 pounds. Are you physical	for the Dogwood Wine Festival are active ime. Sometimes you'll need to carry and dis	and will require standing on your feet stribute to the public materials that may
	s are not as physically demanding and may	•
We have opportunities prior to	o and post event so note above and will mal	ke it work just for you . <i>Interested?</i>
Volunteer's Signature:	D	ate:
Printed Name:		
When completed mail to: Wine	for Cures, Post Office Box 7, Ashlan	d, VA 23005 804-901-1200

"In the course of human experience we often give our time, talent and treasure to help others, however, we never stand so tall as when we kneel to help the young, the old, the infirmed or to pray." Gil Miles, Founder, Wine for Cures

Email attachment to: DWF@WineforCures.org or complete this fill-in PDF and email it.