



MAGDALENO LEADERSHIP INSTITUTE

VOLUNTEER REQUEST

Please complete this form to ensure our organization best meets your needs. We look forward to serving you in a spirit of excellence and thank you for your request.

Contact Information

Name of Organization:		
Type of Affiliation Requested:		
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Partner
Contact Person:		
FIRST	LAST	
Mobile Number for Contact Person:	Contact Person E-mail Address:	
Mailing Address:		
City:	State:	Zip Code:

Event Information

NOTE: Please answer ALL questions that apply.

Name of Event:		Date of Event:
Type of Event:		Non-Profit Organization:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Event (Physical Address):		
City:	State:	Zip Code:
Specific Location (Room, Floor):	Audience (i.e. age, interest, ethnic makeup)	Number of Attendees:
Theme/Topic of Event:		Dress Attire for Event:

Logistics

NOTE: Please do not leave any box blank

Volunteer Role(s) for Event		Time Event Begins:
1.		
2.		
3.		
4.		
5.		
6.		
		Time Event Ends:
Volunteer Arrival Time:	Where Volunteers are to Park:	Time Volunteer Role Begins:

Comments