

Wings of Teal

OVARIAN CANCER SUPPORT GROUP OF POLK COUNTY FLORIDA



Sara Durante
President

Karla Vorhees
Vice President

Volunteer Application Form

Date: _____ Name: _____

Age (if under 18): _____ Phone Number: _____

E-mail Address: _____

Are you a high school student receiving community service hours? Yes____ No____

If yes, what is the name of your school? _____

What role(s) would you be interested in volunteering for at our events (e.g., face painting, character impersonation, server, setup, teardown, etc.)?

Emergency contact if under 18 (name, relationship, phone number):

Additional Information

Dress code: We want our volunteers to feel comfortable while representing our organization. Please keep in mind that we ask volunteers to dress in a way that is respectful and appropriate for the community and the work we do. Wear comfortable clothing that's suitable for an active environment, but please avoid anything too torn or worn out. Please refrain from wearing clothing with political messages, offensive language, or anything that could be seen as disrespectful to others. Closed-toed shoes are preferred, especially if you'll be doing any physical work.

Contact Person: Before the event, you will be assigned a designated contact person. Please feel free to reach out to them with any questions or concerns. Upon arrival, be sure to check in with your contact for further instructions and guidance throughout the event.