



Volunteer Registration Form

“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.” – *Margaret Mead, anthropologist*

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening/Cell** _____

Email Address: _____

Availability on Average: (Please Circle all that applies)

AM
 PM
 Weekdays
 Weekends

Do you: (Please Circle all that apply)

Work? **Yes** **No** **Full Time** **Part Time**

Attend School? **Yes** **No** **Full Time** **Part Time**

Past Volunteer Experience: (include name of organization/name of contact/phone or email) _____

Signature: _____

PLEASE PRINT CLEARLY!

Please return to: **Michelle Jackson**
Convention Services/Volunteer Coordinator
Albany County Convention & Visitors Bureau
25 Quackenbush Square, Albany, NY 12207
mjackson@albany.org