

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering for the NCPH/ASEH 2010 Annual Meeting, March 10-14, Portland, OR. Please fill out the following form completely. You may email the completed form to cstypa@iupui.edu, subject line: ANNUAL MEETING VOLUNTEER or you may fax in the form to (317) 278-5230 by February 15, 2009. If selected, your reward for volunteering will be FREE conference registration (a \$50 value)! Volunteers will be taken on a first come, first serve basis, and no more than three (3) volunteers from each school or university will be accepted.

- 1.) Name: _____ 2.) Email: _____
 3.) Cell Phone: _____ 4.) College or University: _____
 5.) Are you volunteering for NCPH or ASEH?

If you have any special needs we should be aware of, please explain below:

Please look over the times volunteers are needed carefully, and check off at least one time slot you will be available to work. We need 48 volunteers this year. Volunteers are required to work one shift to obtain free admittance to the conference. Duties include: helping with registration, taking tickets for events, counting participants in sessions, directing conference attendees to proper locations, staffing the exhibit hall, and assisting NCPH staff with any other conference duties.

Rank your top *Three* time slots (1=first choice, 2=second choice, 3=third choice).

Wednesday 3/10	Thursday 3/11	Friday 3/12	Saturday 3/13
11:00am-3:00pm _____	7:30am-11:30am _____	7:30am-11:30am _____	7:30am-11:30am _____
4:00pm-8:00pm _____	8:00am-12:00pm _____	8:00am-12:00pm _____	8:00am-12:00pm _____
	11:30am-3:30pm _____	11:00am-3:00pm _____	11:30am-3:00pm _____
	12:00pm-4:00pm _____	12:00pm-6:00pm _____	12:00am-4:00pm _____
	3:30pm-7:30pm _____	12:00pm-4:00pm _____	2:00pm-6:00pm _____
	4:00pm-8:00pm _____	3:30pm-7:30pm _____	
	7:30pm-10:30pm _____	6:30pm-10:00pm _____	

By signing below I agree to dress appropriately and conduct myself professionally during my volunteer time. I acknowledge that the information given above is accurate. I have disclosed any medical conditions or special needs the NCPH needs to be aware of. I commit to work the time arranged between NCPH staff and myself, and I agree to notify NCPH staff at least two (2) weeks in advance if for some reason I am unable to work. If I do not give adequate notice and am unable to work a shift during the conference, I will reimburse NCPH my registration fee.

Signature – electronic or print

Date

Printed Name

NCPH staff will be in contact to notify you if you have been selected and to verify your shift by February 28, 2009, or as soon as slots are filled. In addition, you will receive a volunteer orientation packet one (1) week prior to the conference. If you have any questions, please contact the Executive Offices at (317) 274-2716.