

STANDDOWN VOLUNTEER REGISTRATION FORM
MAY 30 th * AMERICAN LEGION POST 117 * 189 VETERANS DR PALM BAY
FLORIDA

NAME: _____

ORGANIZATION: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARTICIPATION TYPE

PROFESSIONAL	VOLUNTEER	CLEAN-UP
MEDICAL	ESCORT	SECURITY
RESOURCE TABLE	SET-UP	PARKING

CONTROL

For resource tables & professionals, please indicate any special needs you may have (ie: electric, water, WiFi). Volunteers, please specify area you wish to volunteer. If unsure, write "ANY"



Volunteers & Escorts ONLY

Shift preference 7:00 – 10:00, 9:30 – 12:30, 12:00 – 3:00

STANDDOWN VOLUNTEER REGISTRATION FORM
MAY 30 TH * AMERICAN LEGION POST 117 * 189 VETERANS DR PALM BAY
FLORIDA

NAME: _____

ORGANIZATION: _____

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

PARTICIPATION TYPE

	PROFESSIONAL	VOLUNTEER	CLEAN-UP
	MEDICAL	ESCORT	SECURITY
	RESOURCE TABLE	SET-UP	PARKING
CONTROL			

For resource tables & professionals, please indicate any special needs you may have (ie: electric, water, WiFi). Volunteers, please specify area you wish to volunteer. If unsure, write "ANY"

Volunteer & Escorts ONLY
3:00

Shift preference 7:00 – 10:00, 9:30-12:30, 12:00 –