Ambassador Application



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability	
•	ailable for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings
Interests	
Tell us in which areas you are	interested in volunteering
Tell us ill willon aleas you ale	interested in voidificering
Administration	
Events promotion*	
Community field work	
Fundraising activities	
Communications and ma	ırketing
Economic development	
Planning and design	
Business recruitment	
Newsletter production	
Volunteer coordination	
Special Skills or Qualifica	tions
Summarize special skills and or through other activities, incl	qualifications you have acquired from employment, previous volunteer work,
or through other activities, incl	during mobbles of sports.

Previous Volunteer Exp	erience	
Summarize your previous vo		
Person to Notify in Case	e of Emergency	
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
if I am accepted as a volunte	n, I affirm that the facts set fo	rth in it are true and complete. I understand tha issions, or other misrepresentations made by sal.
Name (printed)		
Signature		
Date		
Our Policy		
It is the policy of this organiz national origin, gender, sexu	ual preference, age, or disabili	unities without regard to race, color, religion, ty. ur interest in volunteering with us.
 Freedom Celebration 	BA: June) rket (PFM: May – October) (July) (WPD and EW: August) (SWF: late August) HF: September) October) ovember) (late November)	
SUBMIT THIS FORM TO: Sonya Crandall, Executive Director		CONTACT US: Phone: 864-847-7473

Email: sonyacew@gmail.com

Web: www.williamstonsc.us

Envision Williamston

12. W. Main Street, Williamston, SC 20697