

Volunteer Profile

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PUB			
⊘ PBS	np	r	NX

Date					
Name:					
Company Name	e (if applicable):				
Address:					
				Zip:	
Daytime Phone:			Alternate Phon	e:	
E-mail Address:					
Do you have an	y previous volunte	er experience?	⊒YES □NO		
If so, where and	what did you do?				
graphic design, Strengths: Skills:	writing/editing, cor	mmunications, phot	ography, customer s		-
details for the vo	olunteer request ar		nd dates needed. Yo	ailable, you will receiv u will be able to selec	
Weekda Weeke	-	MORNING (8 am – noon)	AFTERNOON (Noon – 5 pm)	EVENING (5 pm – 11 pm)	

Thank you for filling out this profile. We look forward to having you as part of our volunteer team. For questions email ypowers@kvcr.org