

SHINE VOLUNTEER

www.BOSOMii.com
Hello@BOSOMii.com

Return this form:
BOSOMii
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Oxford, CT 06478
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NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

EMAIL: _____

AGE: _____ PRONOUNS: HE/HIM SHE/HER THEY/THEM _____

ANYTHING ELSE YOU WANT US TO KNOW? _____

T-SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE

AVAILABILITY (check as many as applicable):

Set-up

12:30-3 pm

During Event

3-5:30 pm

5:30-8 pm

Tear Down

8-10:30 pm

APPLICANT

SIGNATURE: _____ DATE: _____

If volunteer is a minor parent/
guardian consent is required. _____ DATE: _____

Emergency Contact: _____

INTERESTED IN VOLUNTEERING FOR A SPECIFIC TYPE OF ACTIVITY? LET US KNOW!