



Welcome

Volunteer Application Form

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer for Seymour Pink. Please complete this application and return it to:

Seymour Pink
Attn: Volunteer Coordinator
P.O. Box 333
Seymour , CT 06483

Name: _____ Today's Date _____

Address: _____

Phone (h): _____ Phone (cell): _____

Email Address: _____

Please check all areas of interest to you.

____ Seymour Pink Center and Gift Shop (year-round) ____ Golf Tournament (June)

____ Wine Tasting Event (March) ____ Pounding the Pavement 5K Race (Oct)

____ Pasta Dinner (April) ____ Seymour Pink Day (Oct)

Please indicate your availability by circling the day(s)

S M T W Th F S Mornings

S M T W Th F S Afternoons

S M T W Th F S Evenings

____ Check here if your schedule varies and you would prefer to be contacted when the need arises in your interest area.