Highfield Hall & Gardens - VOLUNTEER INFORMATION FORM

Name		Today's D	ate	Month/Day of Birth/Year(if you wish)	
Phone Number	Cell Numl	per	Home Number		
*Email				*No email, call me	
			Which i	months?	
Primary Address					
City, State and Zip					
Secondary Address Which months?					
Secondary Address					
City, State and Zip					
Emergency Contact Name & Relationship Phone Number					
Please note any specie	al talents or inter	rests that you may w	ant to sl	hare:	
Availability – please	e circle all that	apply:			
Summers only	y Not Summers Year-Round Holidays Only				
Monday Tuesday Wednesday Thursday Friday Saturday Sunday					
Mornings ,	Afternoons	Evenings			
] Front Desk		Music Programs		□ Special Events	
Culinary Programs		Garden Programs		□ Children's Programs	
Name you prefer for a Signature:	volunteer badge	Ð:			
Name			_	Date	

Please return by mailing to: Highfield Hall & Gardens, P.O. Box 494, Falmouth, MA 02541.

Thank you for applying to become a volunteer at Highfield Hall & Gardens. Our volunteers play a vital role and supplement the staff in diverse and important ways. Any questions or concerns, please email: ddepunte@highfieldhall.org or call 508-495-1878, ext. 315.

^{*}Most of our communications are done through e-mail, including invites for special events and volunteer opportunities, please be sure we are aware if you are not receiving e-mails.