

OAKLAND VOLUNTEER INFORMATION

Mr., Mrs., Ms. _____

Spouse / Partner _____

Address: _____ Home: _____ - _____ - _____

_____ ZIP _____ Work: _____ - _____ - _____

Cell: _____ - _____ - _____ Fax: _____ - _____ - _____

Email: _____

AREAS OF INTEREST: (circle all applicable)

Tour Guide, weekday
Tour Guide, weekend
Special Events
Hospitality

VC/Museum Shop, weekday
VC/Museum Shop, weekends
General Office Projects

Special Gardening Projects
Restoration Projects
Computer Assistance

Other: _____

AVAILABILITY: (check all possibilities)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Occupation/Place of Business: _____

Professional Organizations and Volunteer Experience:

Other areas of interest or expertise: _____

How did you first hear about Oakland? _____

PLEASE MAIL OR BRING TO: HISTORIC OAKLAND FOUNDATION, 248
OAKLAND AVENUE, S.E., ATLANTA, GA 30312, ATTENTION: MARY
WOODLAN