



## Committee Member Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_.

Do you have past experience in social media/pr, fundraising, and/or silent auctions?

Name of organization: \_\_\_\_\_

Tasks accomplished: \_\_\_\_\_

### Area of Interest:

Which role would you be interested in being a part of?

Silent Auction

Social Media/PR

Sponsorships

Weekly availability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special talents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Motivation - what inspired you to volunteer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relation to volunteer \_\_\_\_\_

Phonenumber: \_\_\_\_\_

Please fill out the form, and submit it via email at [info@latinoalzheimersalliance.org](mailto:info@latinoalzheimersalliance.org).