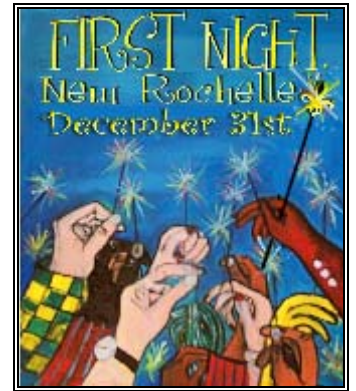


# COUNT UP TO FIRST NIGHT NEW ROCHELLE 2010!

## VOLUNTEER REGISTRATION FORM



First Night New Rochelle is an arts-focused, alcohol-free community event that takes place on New Years Eve. We are seeking volunteers for prior event planning well as on the night of December 31<sup>st</sup>.

All volunteers will be expected to attend an orientation meeting before completing their volunteer responsibilities. You can volunteer in the time leading up to First Night, on First Night, or both!

Volunteers will receive an event button that will allow them to attend performances when they are not on shift.

### **Volunteer Information (Please Print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of Organization (if applicable) \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### **Volunteer Opportunities on First Night**

Usher	Button Checker	Button Sales	Talent Liaison
Security	Clean-up	Set-up/Breakdown	

**First Night Shift preference (please circle):**

4:00pm – 7:00pm

7:00pm – 10:00pm

4:00pm – 10:00pm

Please indicate any relevant special skills/experience: \_\_\_\_\_

**Volunteer Opportunities before December 31<sup>st</sup>**

**First Night New Rochelle welcomes volunteers before the evening of December 31<sup>st</sup>. Please indicate your availability and preferences below:**

**Dates available:** \_\_\_\_\_ to \_\_\_\_\_

**Days available (please circle):** Mon Tues Wed Thurs Fri Sat Sun

**Times available:** \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**Assistance with (please circle):**

**Mailings                  Data Entry                  Phone Calls                  Flyer Distribution                  Button Sales**  
**Marketing                  Research                  Other (please specify): \_\_\_\_\_**

**Workshop volunteer opportunities (please circle):**

**Arts & Crafts                  Music                  Dance                  Theater**

**Please indicate any relevant special skills/experience:** \_\_\_\_\_

\*\*\*\*\*

**Please let us know if you have any concerns or comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please return completed form to:**

**Fax to: 914.632.8837 – attn: Laura Siegel**

*or*

**Email to: [jkrause@nrymca.org](mailto:jkrause@nrymca.org)**