



Volunteer Application

Received _____
Follow up _____
Training _____
Notes _____
For Staff Use

Tell Us About You...

Name:		Date:	
Street Address:		City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Emergency Contact Name:		Relationship to you:	Emergency Contact Phone:
Occupation or retired –			
How did you learn about Venice MainStreet?			
Why would you like to volunteer with MainStreet?			
Availability – When do you think you might like to volunteer?			
_____ Weekdays (11-2)	_____ Summers only	_____ Once a week	
_____ Evenings	_____ Winters only	_____ Once/twice a month	
_____ Weekends	_____ Year-round	_____ Occasionally/events	
Interests – Please mark the volunteer opportunities you are interested in:			
_____ Information kiosk volunteer	_____ Art & craft festival MainStreet booth volunteer		
_____ Downtown walker	_____ Other (non-festival) annual events		
_____ Concert volunteer	_____ Event flyer distributor to our Downtown Partners		
_____ Directory courier to distribution locations	_____ Committee volunteer (Marketing, Partnership, Design, Economic Vitality)		
Other skills or interests: _____			

Upon completion please mail or email to:
 Venice MainStreet, Inc.
 101 West Venice Ave. Suite 23, Venice, FL 34285
 941-484-6722 info@venicemainstreet.com