

IT'S YOUR ACADEMY

Volunteering at the Academy of Lifelong Learning

Print Name: _____ Telephone: (____) _____

Print E-mail Address: _____

- Membership provides various opportunities to connect with the Academy in meaningful ways.
- Check all areas that reflect your experience and/or choices.

<input type="checkbox"/> New Member	<input type="checkbox"/> Previous Member	<input type="checkbox"/> First-Time Volunteer	<input type="checkbox"/> Previous Volunteer
<input type="checkbox"/> Academy Ambassadors	<input type="checkbox"/> Computer Assistant	<input type="checkbox"/> Mailing	<input type="checkbox"/> Reception Desk
<input type="checkbox"/> Bake Cookies	<input type="checkbox"/> Committee Work	<input type="checkbox"/> Marketing	<input type="checkbox"/> Social Events
<input type="checkbox"/> Book Sale	<input type="checkbox"/> Duplicating	<input type="checkbox"/> One Timers	<input type="checkbox"/> Telephoning
<input type="checkbox"/> Class Count	<input type="checkbox"/> Greeting	<input type="checkbox"/> Reading Room	<input type="checkbox"/> Word Processing

- I can volunteer on: A.M.: Mon. Tues. Wed. Thurs. Fri.
P.M.: Mon. Tues. Wed. Thurs. Fri.
- Each person who comes to the Academy adds a dimension of depth. List any skills you have that might contribute to Academy programs such as: photography, taking minutes, display, etc.

- If you are not currently an instructor, would you consider becoming one?
 Yes No Possibly
If yes, in what subjects? _____
- Please list topics that you would like to see addressed in new courses. _____

Could you suggest potential instructor(s) for these courses? _____

*Please complete this form when you register. At any time during the semester, feel free to make changes in your volunteering commitment by placing a note in the Volunteer Development mailbox, which is located behind the Reception Counter in the Lobby. **The Academy...what a gift!***