



Alpena Area CVB Action Team

A-Team Volunteers

Participation Form

The Alpena Area Convention & Visitors Bureau **A-Team** is a fun, energetic group of people who support the mission of the CVB to make Northeast Michigan a great place to live and visit. Opportunities are vast and volunteers will be matched according to skills and interests. Volunteers will also have the opportunity to attend periodical **A-Team** Rallies to get to know other **A-Team** members and hear updates about Northeast Michigan happenings.

Name: _____ Birthday: _____

Address: _____ Email: _____

Primary Phone #: _____ Alt. Phone #: _____ Do you accept Texts? Yes No

How would you like to be notified of A-Team opportunities? email phone call other _____

Why do you want to be a member of the A-Team? _____

Skills & Interests (Please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Clerical & Light Office Tasks | <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> working with a group |
| <input type="checkbox"/> Planning & Organizing Events | <input type="checkbox"/> Local History | <input type="checkbox"/> working by myself |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Meeting New People |
| <input type="checkbox"/> Building & Fixing things | <input type="checkbox"/> Outdoor Recreation | <input type="checkbox"/> Organized Sports |
| <input type="checkbox"/> Gardening & Landscaping | <input type="checkbox"/> Creative Design | <input type="checkbox"/> Learning & Research |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Indoor Activities | <input type="checkbox"/> Good with Data & Tracking | <input type="checkbox"/> Other: _____ |

Please list professional skills: _____

Please list any restrictions: _____

Emergency Contact: _____

Yes, I give permission to the Alpena Area CVB to use any photographs or video of an activity that I may be participating in for the purpose of promoting Alpena.

Signature: _____ Date: _____

**By signing this form you are willfully agreeing to become a volunteer for the Alpena Area Convention & Visitor's Bureau and as such you release the Alpena Area Convention & Visitors Bureau from any liability related to or in conjunction with duties carried out on behalf of the Alpena Area Convention & Visitors Bureau as a volunteer. The Alpena Area Convention & Visitors Bureau reserves the right to terminate the volunteer relationship for reasons including but not limited to: inappropriate or illegal behavior, misrepresentation of the organization, and/or concerns related to the manner in which assigned duties are executed.*

Please return this form to:
Alpena Area Convention & Visitors Bureau
235 W. Chisholm St., Alpena, MI 49707

Email: jsmith@alpenacvb.com
Phone: 989.354.4181
Fax: 989.356.3999