



Request for Volunteer Assistance

Alpena's Action Team

Joining together with positive community spirit to help develop Alpena and the surrounding area into the best place to live and visit!

Please submit form a minimum of two weeks prior to date of needed assistance

Organization: _____

Project Contact Person: _____

Phone Number: _____ Email: _____

Project Supervisor: _____

Phone Number: _____ Email: _____

Note: *The supervisor will be responsible for providing the volunteer with training (as needed), materials and instruction. The supervisor will provide volunteer/s with information on who to contact if questions arise during the assignment.*

Description of Volunteer Position Needed: (Please use back for additional positions/details)

Requested Start Date/Time: _____

Requested End Date/Time: _____

Number of Volunteers Needed Per Description: _____

Location Volunteers Report To: _____

****After review, the Alpena CVB volunteer coordinator will contact you to discuss how we may be of service.***

Signature: _____ **Date:** _____

* By signing this form 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 volunteer team.

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