



MURRAY COUNTY CHAMBER OF COMMERCE

Delegate Application

Date: _____

(Please Print)

Contact Information

Name	
Title	
Business Name	
Business Address	
City ST ZIP Code	
Work Phone	
Other Phone	
Fax	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Cell Phone	
Work Phone	

Availability

During which hours are you available for volunteer assignments?

- Mornings
 Afternoons
 Evenings
 Weekends

Interests

Which areas are you interested in volunteering?

- Administration Fundraising
 Events Deliveries
 Field work Volunteer coordination

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.