

VOLUNTEER OPPORUNITY FORM
NATURAL WAKEFULNESS CENTER

Thank you for volunteering for the NWC, Loch's nonprofit organization. Please return this form to the registration person.

Yes, I would like to volunteer for the Natural Wakefulness Center.

Name _____ Today's Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Cell Phone _____

What are your interests and skills? _____

Please mark each volunteer activity you are interested in with either a

S = I am skilled in this -or- **L** = I would like to learn this skill

EVENTS

___ Registration ___ Set Up ___ Clean Up ___ Event Coordinator ___ Flowers
___ Music & Poetry ___ Snacks & Water ___ Selling CDs and books ___ Volunteer Coordinator

OFFICE SKILLS

___ Administration ___ Bookkeeping ___ Accounting ___ General Office Help
___ Data Entry ___ Website Programming/Design ___ Information Technology
___ Mailing CDs ___ Computer Tech Support ___ Graphic Design ___ Word Processing
___ Transcribing ___ Dictation ___ Editing ___ Proofreading

MARKETING

___ Fundraising ___ Grant writing ___ Marketing ___ Publicity ___ Writing newsletter/website

PUBLISHING

___ CD duplication ___ Reviewing recordings for publication

When are you available? _____

What other skills or experience do you have that may be of help to the Natural Wakefulness Center?

“Many Hands Make Enlightenment Work” ~ Loch

Natural Wakefulness Center (NWC) is a nationally recognized 501(c)(3) nonprofit organization