

Kingsville BIA Standard Volunteer Application Form

Thank you for your interest in volunteering with the Kingsville Business Improvement Area (BIA).

Please complete the form below and return it to info@kingsvillebia.com or deliver it to our office.

Section 1: Personal Informatio Full Name:		
Address:		
City:	Postal Code:	
Phone Number:		
Email Address:		
Preferred Method of Contact:		
Section 2: Availability Please indicate your availability (days/times or specific dates):		
Section 3: Interests and Skills Please check areas you are inter - Events & Festivals - Promotions & Marketing	_	
Beautification ProjectsOffice SupportSpecial Projects	-	

Relevant experience, interests, or skills:

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Section 4: Emergency Contact Full Name:		
Relationship to You:		
Phone Number:	·····	
Section 5: Waiver and Consent I understand that as a volunteer with the Kings compensation. I agree to perform my duties restaff. I consent to the Kingsville BIA contacting opportunities, and I understand that any persoconfidential and used solely for volunteer coor	sponsibly and follow me regarding volur nal information colle	v the direction of BIA nteering
Signature:	Date:	
Parent/Guardian Signature (if under 18):		Date:
Section 6: For Office Use Only Date Received:		
Assigned Role/Event:		
Staff Initials:	_	