

# VOLUNTEER PARTICIPATION FORM

EVENT \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

EVENT DATE \_\_\_\_\_ EVENT TIME \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_

DIVISION \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I AGREE TO WORK \_\_\_\_\_ HOURS.

I WILL ARRIVE AT THIS EVENT AT \_\_\_\_\_ AND LEAVE AT \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
ASSOCIATE DIRECTOR'S SIGNATURE



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Please fill out and keep the bottom of this form for your records. Return the completed form to Gabriela M. Correia at [Gmcorreia@co.pg.md.us](mailto:Gmcorreia@co.pg.md.us) or via interoffice mail at 1801 McCormick Drive, Suite 500.

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