



Oscoda-AuSable Chamber of Commerce Non Profit Round Table Volunteers Participation Form

The Oscoda-AuSable Chamber of Commerce Non-Profit Roundtable **VolunTeam** is a fun, energetic group of people who support the mission of the OACC to make the Northeast Michigan a great place to live and visit. Opportunities are vast and volunteers will be matched according to skills and interests. Volunteers will also have the opportunity to attend a quarterly Non-Profit Round Table meetings to get to know other members and hear updates about NE Michigan happenings.

Name: _____ D/O/B: _____

Address: _____ Email: _____

Primary Phone #: _____ Alt Phone #: _____ Do you except texts? Yes No

How would you like to be notified of NPRT VolunTeam opportunities? Email Phone Other _____

Why do you want to be a member of the NPRT VolunTeam? _____

Skills & Interests (please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Clerical and light office tasks | <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Working with a group |
| <input type="checkbox"/> Planning & Organizing events | <input type="checkbox"/> Local History | <input type="checkbox"/> Working by myself |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Meeting new people |
| <input type="checkbox"/> Building & Fixing things | <input type="checkbox"/> Outdoor Recreation | <input type="checkbox"/> Organized Sports |
| <input type="checkbox"/> Gardening & Landscaping | <input type="checkbox"/> Creative Design | <input type="checkbox"/> Learning & Research |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Indoor Activities | <input type="checkbox"/> Good with Data & Tracking | <input type="checkbox"/> Other: _____ |

Please list professional skills: _____

Please list any restrictions: _____

Emergency Contact: _____

Yes, I give permission to the Oscoda-AuSable Chamber of Commerce to use any photographs or video of an activity that I may be participating in for the purpose of promoting the Oscoda-AuSable area.

Signature: _____ Date: _____

**By signing this form you are willfully agreeing to become a volunteer for the Oscoda-AuSable Chamber of Commerce and as such you release the Oscoda-AuSable Chamber of Commerce from any liability related to or in conjunction with duties carried out on behalf of the Oscoda-AuSable Chamber of Commerce as a volunteer. The Oscoda-AuSable Chamber of Commerce reserves the right to terminate the volunteer relationship for reasons including but not limited to: inappropriate or illegal behavior, misrepresentation of the organization, and/or concerns related to the manner in which assigned duties are executed.*

Please return this form to:

Oscoda-AuSable Chamber of Commerce
4440 N. US-23 Oscoda, MI 48750

Email: director@oscodachamber.com
Phone: 989-739-7322