

ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY
104th ANNUAL CONFERENCE, OCTOBER 2-6, 2019
 Embassy Suites by Hilton, North Charleston, SC

VOLUNTEER REGISTRATION FORM

Name: _____ Date _____
 Cell # _____ Home # _____ Work # _____
 Address: _____
 Email Address _____ Best way to contact: ___email___ text___ call
 City _____ State _____ Zip _____
 Referred _____
 By _____ Organization _____

AVAILABILITY TO VOLUNTEER: Please check all shifts and days you are available, minimum 4-hour shift; we will contact you with actual day/shift assignment. Assignments will be based upon conference need, skills needed, and date of Volunteer Form submission.

	8am-12noon	12noon to 4pm	4pm to 8pm	8pm to12
Oct 1, Tuesday				
Oct 2, Wednesday				
Oct 3, Thursday				
Oct 4, Friday				
Oct 5, Saturday				
Oct 6, Sunday				

VOLUNTEER INTEREST AREAS: Please check all interest areas; we will try to accommodate interest areas. Assignments will be based upon conference need, skills needed, and date of Volunteer Form submission.

All volunteers must complete an orientation/training before the conference.

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|---|--|
| <input type="checkbox"/> Assign me where I am needed most | <input type="checkbox"/> Meal Event Volunteer |
| <input type="checkbox"/> Volunteer Office Staff | <input type="checkbox"/> Book Signing Volunteer (Thursday) |
| <input type="checkbox"/> Preconference assembling conference bags/badges | <input type="checkbox"/> Teacher Workshop Volunteer (Thursday) |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Youth Day Volunteer (Friday) |
| <input type="checkbox"/> Session Monitors | <input type="checkbox"/> Bus Tour Check-in (not on tour) |
| <input type="checkbox"/> Registration: pre-registration and onsite registration | <input type="checkbox"/> Evening Out Volunteer (Friday) |
| <input type="checkbox"/> Film Festival volunteer | <input type="checkbox"/> Poetry Slam Volunteer (Friday night) |

Special Volunteer Skills Needed: Some volunteer functions will require special skills. Please note if you are: _____computer savvy; _____comfortable with sales.

_____ Please check if you have a disability or medical condition that should be considered.

Please return form to: VOLUNTEERS@ASALH.ORG
 For information please visit ASALH.ORG; for questions call G. Harris 843-708-9464