



PINBALL EXPO VOLUNTEER APPLICATION

APPLICANT INFORMATION

Please complete your name and contact information in the fields below.

Name (Full Name Required) _____

Email Address _____

Cell Number/Contact Number _____

AVAILABILITY

Please fill in day or days and times you can volunteer with us.

TUESDAY, OCT 15	WEDNESDAY, OCT 16	THURSDAY, OCT 17	FRIDAY, OCT 18	SATURDAY, OCT 19
LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:

NOTICE TO ALL VOLUNTEER APPLICANTS: Please email your application to: info@pinballexpo.com or mail your application to: PINBALL EXPO VOLUNTEER, 1085 Eagle Trace Street, Warren, Ohio 44484

WORK PREFERENCE (Check all that apply) Not guaranteed:

EM Pinball SS Pinball Arcade Video Games Load In/Out

AGREEMENT

By submitting this application, I hereby agree to all terms within Pinball Expo Volunteer Program.

PRINT NAME _____

SIGNATURE _____