

# Volunteers Information Sheet

## SALEM CONVENTION AND VISITORS ASSOCIATION

How did you hear about the SCVA Volunteer Programs? \_\_\_\_\_

I would like to be a Salem Convention and Visitors Association Volunteer

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
(relationship)

### I would like to participate in:

\_\_\_\_\_ Visitors Center \_\_\_\_\_ Helping with inserts into Welcome Bags

\_\_\_\_\_ Informational Tables \_\_\_\_\_ Answering Phones in the SCVB Offices

\_\_\_\_\_ Volunteer Recruitment \_\_\_\_\_ Community Service/Event Participation

**\*\*\* Boosters are responsible for their own transportation.**

Please Return to:

Barb Cowan or Brooke Ekins  
Salem Convention and Visitors Association  
1313 Mill Street SE  
Salem, OR 97301  
Phone – 503.581.4325  
Fax – 503.581.4540

You will be contacted as soon as your application as been received. Thank you for your interest in the Salem Convention and Visitor Association!

Office Staff Only: Affiliation date \_\_\_\_\_

