

CITY OF CHESTER
 MAKING A DIFFERENCE VOLUNTEER PROGRAM
 REGISTRATION FORM/CONFIDENTIALITY FORM 2022

REGISTRATION FORM

APPLICANT'S **FULL** LEGAL NAME (PRINT):

LAST	FIRST	FULL MIDDLE

ADDRESS		E-MAIL ADDRESS	
CITY	STATE	ZIP	
PHONE	CELL?	YES	NO
		TEXT	YES NO

MARK THE CIRCLE TO EACH THAT APPLY

<input type="radio"/> SPRING FLING/EASTER	<input type="radio"/> FALL FESTIVAL	<input type="radio"/> CHRISTMAS ON THE RIVER
<input type="radio"/> REC BALL	<input type="radio"/> FALL SOCCER CLINIC	<input type="radio"/> WELCOME CENTER DOCENT
<input type="radio"/> COHEN HOME DOCENT	<input type="radio"/> TOUR GUIDES	<input type="radio"/> RIVERBOAT VOLUNTEERS
<input type="radio"/> FARMERS MARKET	<input type="radio"/> SOLAR ECLIPSE 2024	<input type="radio"/> HOMETOWN HEROES
<input type="radio"/> DISTRIBUTION OF MARKETING MATERIALS	<input type="radio"/> SIGN MAKING	<input type="radio"/> ENVELOPE STUFFING
<input type="radio"/> MUSICAL/ART/CRAFT TALENT	<input type="radio"/> OTHER ACTIVITIES/EVENTS/ PROGRAMS AS THEY ARISE	<input type="radio"/> SPECIAL SKILL TO SHARE

CONFIDENTIALITY AGREEMENT

I understand that the tour options, program and scripts are the property of the City of Chester. I further understand that they are confidential and some tour options are exclusive to certain companies or organizations.

I will maintain informational exclusivity to the City of Chester, the Making A Difference Volunteer Program, the Parks and Recreation Department and the Tourism Commission by agreeing not to share any details or information related to the tour scripts or options with any individual, company, organization or group.

VOLUNTEER PRINTED NAME	VOLUNTEER SIGNATURE	DATE
WITNESS PRINTED NAME	WITNESS SIGNATURE	DATE