

# PROJECT BRIGGS INC.

Name:

---

Email:

---

Social Media Handles: \_\_\_\_\_

Home Phone:

---

Home Address:

---

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name:

---

Title: \_\_\_\_\_

Committees:

Event Production

Corporate

Merchandise

Décor

Sponsorship

Ticket Sales

Logistics Bar

Promotions

Event Setup

Beverage

Project Mgmt.

Marketing Promotions

How much do you know about Project Briggs, Inc.'s vision, mission and objectives?

Have you had any previous volunteering experience? If so, describe your experience.

Are you fully committed to utilize a significant amount of your energy and talent to assist and promote Project Briggs, Inc. it's mission and annual community engagement campaigns? This means that our expectations regarding commitment are high.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Completed By \_\_\_\_\_

Date Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_