

Thank you for being a volunteer for the WRO Massachusetts & Connecticut event. Please send back the completed form to jeannette@wro-usa.org or P.O. Box 442, Medford, MA 02155

First	Middle Initial		Last
Address			
City	Sta	te .	Zip
			<u> </u>
First	L		phone number
☐ Adult Small☐ Child Small	☐ Adult Medium☐ Child Medium	☐ Adult Large☐ Child Large	☐ Adult XL ☐ Adult XXL
eferences: (C	heck all that apply	')	
Member	Photographer	☐ Videographe	er 🛘 Technical Specialist
kdown 🗆	Welcome Packets	☐ Check-in	☐ Floater
for any volunte ation given by m at I have not kn mission or misr eer service upor	eer under age 18. ne on this application owingly withheld an epresentation of fac	n is, to the best y pertinent fact:	of my knowledge and belief, s or circumstances.
to the above.			
		Date	9
an of the appl	icant consents to		
rdian Signature		Printed Name	e of Parent or Legal Guardian
	First Adult Small Child Small Child Small Child Small eferences: (C Member kdown irement of a Wi er 13 years old bility for the chi for their region a blunteer. In add for any volunte at I have not kn mission or misr er service upor to the above. Date For application of the above.	First	Address City State First

WRO Privacy Statement: We at WRO MA & CT take privacy and security of personal information seriously. We collect personal contact information such as postal addresses, email addresses, and phone numbers to facilitate the operation and management of WRO programs. We do not rent or sell this information to others. For more information, email us at jeannette@wro-usa.org.