

Virginia Society of the Children of the American Revolution Member and Senior Volunteer and Information Form

Member Name: _____ Age: _____

Society: _____ Telephone number: _____

Yes!!! I want to volunteer.... I want to:

_____ Be a Flag Bearer

_____ I will be carrying my Society's flag

_____ Be a Page (young ladies and girls)

_____ Be an Aide (young men and boys)

*****State Officers and Chairmen Only*****

_____ I will be bringing an exhibit to display of my officer/chairman contest & entries

Senior Name: _____ E-Mail Address: _____

Society: _____ Telephone number: _____

I would like to volunteer:

_____ Help decorate the tables on Saturday before the Banquet

_____ Chaperone

_____ Hall Chaperone (during the evenings until curfew)

_____ Friday Night - Candidate's Party

_____ Saturday Night - Pool Party

_____ First Time Attendee Ambassador *Email Senior State Conference chairman if interested

Mail to Ms. Rebecca Slaughter, 14333 Ferndale Road, Dale City, VA 22193-2132.

