2009 Volunteer Response Form

Title: ◯ Mr. ◯ Ms.

First Name: _____ **Last Name:** _____

Job Title: _____

Language Spoken: ◯ English ◯ Français

Mailing Address: _____

Your City: _____ **Province:** _____ **Postal Code:** _____

Home Phone: (incl. area code) _____

Work Phone: (incl. area code) _____

Fax Number: (incl. area code) _____

Email: _____

Your Status: ◯ Professional Engineer ◯ Engineering Intern ◯ Engineering Student
◯ Certified Engineering Technologist ◯ Applied Science Technologist
◯ Certified Technician ◯ Technology Student

Name of Activity for which you are volunteering:

K'NEX Workshops:
☐ Ontario Science Centre ☐ Canada Science & Technology Museum
☐ Waterloo Regional Children's Museum ☐ Science North
☐ London Regional Children's Museum

Other:
☐ Toronto Public Libraries Workshops with EWB
☐ Ontario Science Centre Treadle Pump Exhibit with EWB

Date(s) available: _____
(list one or more if event is over several days):

Best time of day to contact you: _____

Comments: _____

Thank you for volunteering!

Please complete form and click "submit" at top of page to automatically send via email.