



DOWNTOWN  
**EXCELSIOR**  
PARTNERSHIP

# VOLUNTEER FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Interests: (check all that apply)**

\_\_\_\_\_ Farmer's Market

\_\_\_\_\_ Assist with events downtown

\_\_\_\_\_ Missouri Wine Festival

\_\_\_\_\_ Office work

\_\_\_\_\_ Website and internet

\_\_\_\_\_ Newsletter

\_\_\_\_\_ Other \_\_\_\_\_

**Past Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Unique talents:**

\_\_\_\_\_  
\_\_\_\_\_

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

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

Return to PO Box 513, Excelsior Springs, MO 64024 or email to [kwinge@visitesprings.com](mailto:kwinge@visitesprings.com)