



VOLUNTEER INFORMATION SHEET

P.O. BOX 13694

PENSACOLA, FLORIDA 32591-3694

www.pensacolamardigras.com

NAME: _____

TELEPHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

NUMBER: _____ CELL: _____

EMAIL: _____

MEDICAL INFORMATION: In case of any emergency while volunteering, do you have any medical conditions that Pensacola Mardi Gras, Inc. should know of when organizing emergency treatment (including allergies)? If yes, please explain.

Have you volunteered for Pensacola Mardi Gras, Inc. previously: Yes/No (please circle) If yes when and what role: _____

Please let us know what special skills you possess: _____

Please indicate your T-Shirt size: S M L XL XXL

PLEASE EMAIL THIS FORM TO: executivedirector@pensacolamardigras.com or fax it to 850-436-8733.