



**HEMPSTALK  
2009**



**The Hemp and  
Cannabis Foundation  
THCF Medical Clinics**

## 2009 Portland Hempstalk - Volunteer Registration Form

Please fill out the form clearly & completely in order to be considered for a position & return this form to the address listed below. You will be contacted with detailed information as we begin to fill positions. Final candidates will be required to submit a copy of photo ID prior to the event.

Volunteers will be needed Friday, September 11 through Sunday, September 14.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Have you volunteered for Hempstalk before?                      Yes                      No

What year? \_\_\_\_\_ What Position? \_\_\_\_\_

What positions are you interested in: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Positions Available: Greeters    Booth Set-Up    Clean-up    Kitchen    Event Staff    Any

<b>What shifts are you available?</b>	<b>Friday</b>	Morning	Afternoon	Evening	Overnight
	<b>Saturday</b>	Morning	Afternoon	Evening	Overnight
	<b>Sunday</b>	Morning	Afternoon	Evening	Overnight

Do you have your own means of transportation?                      Yes                      No

Please explain any physical limitations we need to consider \_\_\_\_\_

Do you have any special skills or areas you would prefer to work? \_\_\_\_\_

Other comments \_\_\_\_\_

By signing below, I am stating my interest in volunteering for the 2009 Portland Hempstalk; should I be chosen as a volunteer, I agree to abide by all laws and rules as will be outlined prior to the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_