

UBP Volunteer Contact Sheet/Survey

First & Last Name:

Address:

Phone Number:

Email Address:

I am most likely to volunteer a **full** shift on (circle one):

Thursday 6:30-9:00 | Saturday 1:00-4:00

I would like to be trained and given the responsibility of running an Open Shop Night/Day:

Yes | No

If UBP opened more hours, what day of the week and time would be your preference?

What would you like to see happen at UBP this year (use back of paper if necessary)?

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