



VOLUNTEER INFORMATION FORM

Date of Event: _____

VOLUNTEER INFORMATION

NAME: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____ FAX: _____

Have you volunteered with the EMA before? _____ yes _____ no

Are you or your company/organization a member of the EMA? _____ yes _____ no

Description of Services: *What was your role in this event?*

INFORMATION TO BE COMPLETED BY THE EMA

EVENT: _____

RECEIVED BY: _____ DATE RECEIVED: _____

The Environmental Management Association is a 501(c) 6 organization representing professionals in every aspect of ecological responsibility including those working in: Manufacturing, Analyzing soil, Water and Air, Transportation, Storing of Waste and Hazardous Materials, Management of Contaminated Sites, Recyclers, Communities, and Governmental Agencies.