

Eagle Mount
P.O. Box 2866 * Great Falls, MT 59403 * 454-1449 or 216-5547

VOLUNTEER SCHEDULING SURVEY

SKI VOLUNTEER NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

**Please check ALL times/days/months you are available
January – March**

JANUARY
Wednesday **Thursday** **Friday** **Sunday**
 9:30 – 12:30 9:30 – 12:30 9:30 – 12:30 9:30 – 12:30
 1:00–4:00 1:00–4:00 1:00–4:00 1:00–4:00

FEBRUARY
Wednesday **Thursday** **Friday** **Sunday**
 9:30 – 12:30 9:30 – 12:30 9:30 – 12:30 9:30 – 12:30
 1:00–4:00 1:00–4:00 1:00–4:00 1:00–4:00

MARCH
Wednesday **Thursday** **Friday** **Sunday**
 9:30 – 12:30 9:30 – 12:30 9:30 – 12:30 9:30 – 12:30
 1:00–4:00 1:00–4:00 1:00–4:00 1:00–4:00

I am able to and would like to ski:

- Once a week for a half-day (one 2-hour lesson)
- Once a week for a full-day (two 2-hour lessons)
- More than once a week (state how often you want to help out): _____

Other information (known dates you are gone or unavailable, etc.): _____

Returning this form to the Eagle Mount office will enable us to schedule the program on a timely basis and allow us to better meet volunteer & participant needs.