

Connecticut DeMolay

Adult Volunteer Application

To find out more about being a DeMolay volunteer, contact, CT DeMolay Headquarters

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

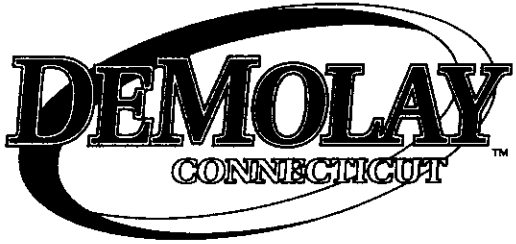
E-mail: _____

Date of Birth: _____

- Parent/Guardian
- Relative
- Master Mason
- Senior DeMolay
- Eastern Star/Amaranth

Specific Memberships and Achievements:

Role	Regular Basis	As Needed	Special Occasions
Chapter Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ritual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Connecticut DeMolay Office
 669 Center Street Wallingford, CT 06492
 Phone: 203-697-9353
 Email: ctdemolay@aol.com www.CTDEMOLAY.org

I have the following talents and/or abilities that I am willing to share with the chapter:

I have the following experience working with youth or past DeMolay involvement (not a prerequisite):

I can devote the following times on these days

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday