



JERSEY SHORE JAZZ & BLUES COMMUNITY YOUTH PROGRAM VOLUNTEER REGISTRATION FORM

Yes! I am interested in becoming a volunteer participant in the Jersey Shore Jazz & Blues Community Youth Program.

My name is: _____

My mailing address is: _____

City: _____ State: _____ Zip: _____

I can be contacted by telephone at:

(_____) _____ Home

(_____) _____ Business

(_____) _____ Cell Phone

My e-mail address is: _____

- I would like to be an instrumental music instructor: _____ (Instruments)
- I would like to be a vocal music instructor: _____ (choral, solo or both)
- I would like to donate indicated musical instrumental(s): * _____
- I would like to donate indicated musical equipment:* _____
- I would like to become a music mentor (Music Big Brother and/or Big Sister).
- I would be able to provide transportation for students and equipment.
- I would like to assist in any other way possible (specify): _____
- I would like to make a tax-free donation of \$ _____, payable to the Jersey Shore Jazz and Blues Foundation. *
- I would like to become a member of the Jersey Shore Jazz and Blues Foundation.

Please write Comments and/or Questions below. If necessary, continue on reverse side:

* = Receipt for income tax purposes will be issued to donor.



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Please continue your Questions and/or Comments below:

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Name

Address

City

State

Zip

U.S.
Postage
Stamp

Jersey Shore Jazz and Blues Foundation
c/o El Lobo Negro Art Gallery
519 Bangs Avenue
Asbury Park, NJ 07712

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FOLD THIS FLAP INSIDE AND STAPLE OR TAPE BOTTOM