



SMART START OF BRUNSWICK COUNTY VOLUNTEER FORM

First Name: _____ Last Name: _____

Email: _____

Phone: _____

Address: _____ City/Zip Code: _____

Type of Volunteer: Individual Small Group (10 or fewer) Large Group (11 or more)

If you are inquiring on behalf of a group, please provide the following information:

Name of Group: _____ Name of Project Lead: _____

Please share the types of projects you are interested in as an individual volunteer or as part of a group:

Kindergarten Packet Assembly
Assembly Delivering

Little Free Library Book-Sharing Boxes
Labeling books Delivering books

Smart Start Special Events (Tailgate & BBQ and/or Week of the Young Child)
Fundraising Children's Activity General Help

BLOCK Fest[®]
Set Up and Clean Up Play Facilitator

Share Your Talents with Kaleidoscope Play & Learn Families
Instrument Puppetry Art Dance Storyteller Just Love Children
Other _____

Thank You for Your Interest in Smart Start of Brunswick County!

Please return the form to Krista Campana
email: kcampana@smartstartbrunswick.org or mail: 5140 Sellers St. Shallotte, NC 28470