

# Volunteer Training Registration Form

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## Contact Information (Please Print, one form per attendant)

Name	
Street Address	
City, State ZIP Code	
Home or Cell Phone	
Work Phone	
E-Mail Address	
Agreement #/Agency	

## Training\*

Which training will you be attending?

\_\_\_ Tuesday, 1/31/12  
10am-12pm

\_\_\_ Thursday, 2/2/12  
10am-12pm

**Please fax form to 501-682-2334 or email form to [ebony.read@arkansas.gov](mailto:ebony.read@arkansas.gov).**

*\*When you come to the training be sure to have I.D. to check in at the front desk. If you find out that you will not be able to make the training please contact Ebony Read at [ebony.read@arkansas.gov](mailto:ebony.read@arkansas.gov). Parking will only be validated for those that park in visitor parking lot across the street from DHS. In the case of inclement weather, the training will be canceled.*

***This training will be lead by the Division of Community Service and Nonprofit Support.***