



F O U N T A I N I N N
C H A M B E R O F C O M M E R C E

Volunteer Application to the Fountain Inn Chamber of Commerce

Please complete this application. Use additional pages if required. If you have a resume, please attach it.

Name_____

Home Address_____

Phone_____ Fax_____

Email_____

Work or School_____

Work or School Address_____

Phone_____ Fax_____

Email_____

Summarize your experience with and/or interest in our organization.

Please indicate your experience in the following areas:	Very Experienced	Some Experience	Little or No Experience
Reception (answering phones)			
Greeting Visitors			
Knowledge of Fountain Inn			
Communication, public and media relations			
Scanning, copying, and saving documents			
Information technology & social media			
Writing, journalism, newsletter			
Special events set up/break down			
[list other skills, knowledge]:			

For the items you check as “very experienced” or “some experience”, please provide details.

If not described above, please outline your experience as a volunteer.

Who may we contact for information about your performance in these positions?

Signature: _____

Date: _____

Mail, fax or e-mail completed application to:

Fountain Inn Chamber of Commerce

102 Depot Street

Fountain Inn, SC 29644

Phone: (864)862-2586 x122

meshanley@fountaininnchamber.org

For office use:

Date Received: _____

Reviewed By: _____

Date: _____

Fountain Inn Chamber of Commerce