



The True Dreams Showcase® Volunteer Registration Form

Cobb Galleria Centre, Atlanta, GA • September 6-7, 2013

Please print clearly.

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Business Name (if applicable): _____

Mailing Address: _____
Street/Apt/PO Box City, State Zip Code

Telephone number: _____

Email address: _____

VOLUNTEER POSITIONS

Please check the volunteer position you're interested in:

- Judge
- Registration Table
- Data Entry
- Sign-In Table
- Room Monitor
- Session Monitor
- Greeter

As a short-term volunteer of the True Dreams Showcase, I understand that I will have access to records, files, and/or facts confidential to both the attendees and staff. I agree to keep all records, files, comments, and/or information that I hear and/or see confidential.

I will not share any information about the attendees and/or True Dreams' staff with individuals not directly connected with True Dreams' organization. I will not share any information I am privy to during conversations with individuals outside of the True Dreams' organization.

I also understand that by breaching this confidentiality statement, I put myself at risk of not being able to volunteer during future True Dreams' events.

Participant Signature: _____ Date: _____

True Dreams, LLC, Representative Signature: _____ Date: _____

