



VOLUNTEER FORM 2019-20

Volunteer's Name: _____

Mailing Address: _____

City _____ **State** _____ **Zip Code** _____

Phone Number (in case follow-up is needed): _____

Email Address (in case follow-up is needed): _____

Profession/Employer/School _____

Preferred Volunteer Role

Judge Time Keeper Registration Food Service Guest Speaker Mentor

Judge Type

Volunteer

Thank you for your donation!

Paid

Your social security number _____

Have you judged for DUDL before? If so, how many rounds: _____

Have you judged other debate competitions before? If so, how many rounds: _____

What **high school** did you attend _____ City, State _____

Were you a **high school** debater (Please check all that apply)

Policy Other kind of Debate No competitive debate

What **college/university** did you attend _____ City, State _____

Were you a **college** debater (Please check all that apply)

Policy Other kind of Debate No competitive debate

What **graduate school(s)** have you attended/are you attending? _____

Please mark any or all you of the below that you may be interested in:

joining our **mailing list** (please provide your email address above)

volunteering to **mentor** one of our schools during the year.

donating **supplies or food** for DUDL debate practices and events.