



VOLUNTEER FORM

NAME _____

Email _____

HOME: Address _____

City _____ State _____ Zip _____

Cell _____ Home _____ Birthdate _____

BUSINESS: Name _____ Position _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ FAX _____

I prefer to be contacted at my home _____ office _____.

Add me to your mailing lists: Yes No

Emergency Contact: Name _____

Relationship _____

Address _____

Phone: Home _____ Cell _____ Office _____

Any Restrictions? If so list here: _____

I am interested in volunteering to:

- Assist at Wellness Fairs Assist with office work Help with FoodShare
 Assist with labeling, mailings, etc. Assist at fundraisers Assist with PCP items
 Repair/clean/assemble medical equipment Assist with Lydia bags, New Client packets, etc.

My interests and hobbies or special skills:

