

VOLUNTEER FORM

If you have put together a group to volunteer, please fill out the upper part of this form. If you are a person that wishes to volunteer, but is not part of a group, please fill out the lower portion of this form. Any single volunteers will be assigned to a group, or you may indicate that you want to substitute for a group that is short for that weekend.

WEEKEND GROUP NAME (Group must consist of 3 persons min., 4 max.)

	FOR GROUP		
Group Leader Name:			
Address:			
City:	State:	Zip:	
Phone:	E-mail:		
Other members of group:_			
SINGLE VOLUNTEER			
SHIGEL VOLOHITELIK			
Volunteer Name:			
Volunteer Name:	State:		
Volunteer Name:Address:City:		Zip:	
Volunteer Name: Address: City: Phone:	State:	Zip:	
Volunteer Name: Address: City: Phone:	State: E-mail:	Zip:	
Volunteer Name: Address: City: Phone: INTERESTED IN VOLUNTEE Substitute Only	State:	Zip:	