

HELPING HANDS HOLIDAY DINNER VOLUNTEER PRE-REGISTRATION SHEET

Event Date: Saturday December 21, 2019

ALL VOLUNTEERS MUST BE AT LEAST 16 YEARS OF AGE!!!!

Please choose requested work day(s) and time(s):

___ FRIDAY- December 20th (6pm to 10pm)

___ SATURDAY- December 21st (9am to 1:30pm) _____(12:30 to 5:30) ___(9am to 5pm)

Please fax to: (770) 306-2680 by Friday, December 13, 2019

Name: _____

Street Address: _____

City/State/Zip: _____

Organization: _____

Home/Cell Phone: _____

Email Address: _____

Preferred Work Area (s): _____

How many years have you helped with the Dinner: _____

___ **I have read the Volunteer Orientation and agree to its terms.**

___ **I am volunteering for community service and I will bring my forms in for signature on the day of the event.**

Contact person (Volunteer Coordinator): Cheryl Brignac @ 770-964-3334

Email: helpinghandsholidaydinner@yahoo.com

volunteer@helpinghandsholidaydinner.com

Fax: (770) 306-2680

Mail: 6703 Shannon Parkway #14, Union City, GA 30291

Website: www.helpinghandsholidaydinner.com

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