# C:\Users\krist\Desktop\Steps Rectangle Logo 2019.jpg

# **STEPS Day of Service 2019**

## **Volunteer Information Form**

October 5, 2019

8:30 a.m -2 p.m.

Please provide the following information and email or return this form to the address below. Thank you.

**Please check one:**

\_\_\_\_\_\_\_\_ Yes, we are interested in participating. \_\_\_\_\_\_\_\_ No, we are unable to participate.

**Name of Volunteer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Special Skills:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Shirt Size:**

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Please return this form **ASAP** to:

**STEPS**

**PO Box 902 email:**

### **Ovid, NY 14521 kristin.parry@s2aynetwork.org**

### Attn: Day of Service 2019

*THANKS FOR YOUR HELP!*