

NORTH COUNTRY ASSOCIATION
FOR THE
VISUALLY IMPAIRED

Volunteer Form

Name : _____

Street: _____

City: _____ County _____

State: _____ Zip: _____

Home Phone _____ Work Phone: _____

Fax #: _____

E-Mail: _____

Do you have any special
interests? _____

Available during ___ Morning ___ Day ___ Night – please check all that apply

Are you interested in joining an association committee? ___yes ___no

Do you know more people who would be interested in volunteering? ___yes ___no

If yes, please supply name & phone # _____

For more Information please contact:

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