

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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