NORTHEAST FOUNDATION

Volunteer Form

Your gifts. Your hospital.

Contact Informat	ion
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability During which hours as Weekday morni Weekday aftern Weekday evenis	oons Weekend afternoons
Interests Tell us in which areas	you are interested in volunteering
Light Office Wo	rk
Annual Gala	
Foundation Fas	hion Night
3 rd Party Fundra	ising
Deliveries	
Fundraising Cor	mmittee
Other	
	Qualifications kills and qualifications you have acquired from employment, previous volunteer work, ities, including hobbies or sports.

Please return the volunteer form to:

NorthEast Foundation Attn: Angel Overcash, Director of Special Events and Community Relations 920 Church Street North Concord, NC 28025