



WASECA AREA NEIGHBORHOOD SERVICE CENTER

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

How often would you like to volunteer? _____

What days would you like to volunteer?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What volunteer activities would you like to do?

- | | |
|--|--|
| <input type="checkbox"/> Food Shelf | <input type="checkbox"/> Senior Programs |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Backpack Program |
| <input type="checkbox"/> In A Pinch | <input type="checkbox"/> Santa Anonymous |
| <input type="checkbox"/> Wherever Help is Needed | <input type="checkbox"/> Holiday Food Programs |