



Volunteer Sign Up Sheet

PLEASE PRINT

Name: _____

Address: _____

Telephone: _____

Email: _____

Yes I would like to volunteer and would be available on Saturday,
November 28th for the following hours:

9:45 am – 12 Noon

11.45 am – 2 pm

1.45pm – 4 pm

3.45 pm – 6pm

Return completed form to :Email: ketheredge@rheamedical.org or Fax: 843-4500