



# Healthy Communities **of** Brownsville

## VOLUNTEER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City and ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Cell/Other: \_\_\_\_\_

Which Trendbender Team would you prefer to serve on? (Circle all that apply)

Health    Environment    Education

In which capacities are you willing to serve? (Circle all that apply)

Leadership    Participation    Clerical Assistance    Community Public Relations

I am usually available for meetings on (Circle all that apply)

Monday      Tuesday      Wednesday      Thursday      Friday      Weekends

I am usually NOT available for meetings on (Circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
--------	---------	-----------	----------	--------	----------

Resources I can provide:

---



---



---

I suggest \_\_\_\_\_ as a potential member of Healthy Communities. Please provide a contact method:

---

Volunteer signature:

---