

CHILDREN'S MIRACLE NETWORK AT GEISINGER VOLUNTEER INFORMATION FORM (Altoona/State College)

Yes! I would like to be considered for Children's Miracle Network at Geisinger volunteer opportunities.

NAME _____ DATE OF BIRTH _____

Check here if you are younger than 18 years old.

GROUP/BUSINESS (if applicable) _____

ADDRESS _____

HOME PHONE _____ ALTERNATE PHONE _____

E-MAIL _____

Please check areas you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> Celebration Weekend - 5K | <input type="checkbox"/> Radiothon(s) - Phones |
| <input type="checkbox"/> Celebration Weekend - DelGrosso's Amusement Park | <input type="checkbox"/> Events - Registration/other |
| <input type="checkbox"/> Celebration Weekend - Production | <input type="checkbox"/> Office Help - Mailings/Administrative |
| <input type="checkbox"/> Celebration Weekend - Phones | <input type="checkbox"/> Other (specify) _____ |

Please list day(s) and time(s) that you are available for volunteer work: _____

Please list any special skills that you would like to contribute to volunteer work: _____



Please send your completed volunteer information form to:
CHILDREN'S MIRACLE NETWORK AT GEISINGER
1304 SEVENTH STREET
ALTOONA, PA 16601

QUESTIONS? CALL (814) 943-8887 OR 1-800-451-5437.