

CHILDREN'S MIRACLE NETWORK AT GEISINGER VOLUNTEER INFORMATION FORM

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 - Talent Show | <input type="checkbox"/> Radiothon(s) - Silent Auction |
| <input type="checkbox"/> Celebration Weekend - Motorcycle Miracle Tour | <input type="checkbox"/> Radiothon(s) - Verifier |
| <input type="checkbox"/> Celebration Weekend - Pancake Breakfast | <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
100 NORTH ACADEMY AVE. MC 50-20
DANVILLE, PA 17822-5020

QUESTIONS? CALL (570) 271-6188 OR 1-800-322-5437.