



VOLUNTEER GROUP INFORMATION

Name of Group/Organization: _____

Address _____
Street City ST Zip Code

Contact Person _____

Email _____

I would like to receive InReach's Newsletter

Daytime Number of Contact Person _____ Cell # if different) _____

Number of People in Group _____

Is there a preferred minimum or maximum # of individuals for your activity? _____

If yes, please give details:

Date of Visit _____

Time of Visit _____ until _____

Please list below all the activities your group plans to provide during your visit.

I agree to protect and preserve the confidential nature of all customer information to which I may have access to during the activity.

Print Name _____

Signature _____ Date: _____

Please return this form to E-mail address: kperez@inreachnc.org

Fax number: 704-536.0074

VOLUNTEER GROUP PARTICIPANTS

PLEASE PRINT

Name _____ Age if under 21 _____

Address _____

Phone _____ Email Address _____

I would like to be included on InReach's mailing list

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