

FAMILY VIOLENCE PREVENTION WORKGROUP VOLUNTEER FORM

Hands Are Not for Hurting
(MARCH)

Back to School Bash
(AUGUST)

Christmas Toy Drive
(DECEMBER)

Gift Wrap Campaigns
___ Valentines Day
___ Mother's Day
___ Christmas Season

Domestic Violence Activities
___ Unity Day Celebration
___ DV Conference/Workshop
___ DV Community Panel

Other: _____

(Please Print Clearly)

TYPE:

Agency Representative: _____

Community Volunteer: _____

Student Volunteer: _____

If student: Do you need community service hours? Yes No

(If yes, please bring form with you.) **Forms will be signed when student leaves and only if student performed the task assigned at the event.**

* Required Information

*Name: _____

*Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

*E-mail: _____

Your support is sincerely appreciated **BUT**, please remember that we will be depending on you to show up and participate on the days and hours you signed up for. In case of an emergency, please call **(352) 875-1248** the day of the event.

Please list date and times you want to volunteer:

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Date _____ Time _____ to _____

Completed forms can be faxed to **(352) 438-5994** or e-mailed to the address listed below. If you have questions or need more information, contact Monica Bryant at **(352) 438-5993** or send e-mail to **monica@breakthesilenceonviolence.org**.