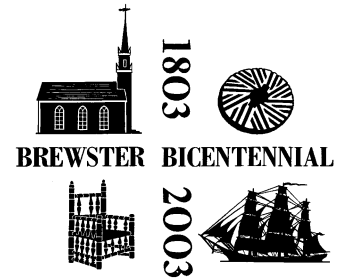


**Brewster
Council on Aging**
1673 Main Street
Brewster, MA 02631-1898
(508) 896-2737
FAX (508) 896-7587
bcoa@town.brewster.ma.us



VOLUNTEER SIGN UP SHEET

Name: _____ Date of Birth _____

Address: _____ Phone No. _____
Is this a cell phone- yes ___ no ___

Driver's License No. _____ Expiration Date _____

Do you have any "special skills" that you would like to use as a volunteer?

Areas you would be interested in volunteering to help with:
(detailed descriptions for each on reverse side)- circle those you are interested in...

Friendly Visitors	Grantwriting	Driving for:
Preparing Mailings	Office Work	- Doctor's Appt
Phoning	Decorating for Holidays	- Meal delivery
Fundraising	"Adopt A Room"	Miscellaneous
Food Distribution	Organizing	Publicity
Kitchen Help	Thrift Shop	Medical Shed Maintenance

Other areas not listed where you might be interested in volunteering

Would you like a variety of short-term experiences or a regular assignment
or both? (circle one)

Days which you are not available if any
