



## Volunteer Interest Form

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Why are you interested in volunteering at PP? \_\_\_\_\_

Do you have other volunteer experience? If yes, please explain:

Are you multi-lingual? \_\_\_\_\_ If so, what other languages do you speak?

### **Interests** (please check all that apply):

Help with mailings: stuffing envelopes, affixing labels, stapling, etc.

Office/clerical work: shredding, counting pamphlets

Help with tabling/distributing information at health fairs and educational events

Advocacy: legislative action team, letter writer, lobbyist, rally participant, distribute posters, flyers, and other materials around the community

Help with special events/fundraising activities

House Party: host a house party to educate people on current choice issues

Media Watcher: clip relevant articles from newspapers, magazines, and journals for us to add to our Public Information files

Other \_\_\_\_\_

**Return to your local PPWNM Health Center or mail to:**

PPWNM  
425 Cherry St. SE  
Grand Rapids, MI 49503  
616.774.7005

PPWNM  
1135 E. Eighth St.  
Traverse City, MI 49686  
616.929.1844