

Sharis Mission volunteer contact form

www.sharismission.com

Information

First Name:			
Last Name:			
Home Phone:			
Cell phone:			
Email:			
October 20, 2009			
Check Box for	r 3:30 - 8:00pm Oct 20		
Check Box for	r 3:30 - 6:00pm Oct 20	Check Box for 6:00 - 8:00pm Oct 20	
October 31, 2009 Hillcrest Mall in Richmond Hill		Check Box if you are available for Tr	raining and Setup 9:00 am
Check Box for	r 10:00 - 6:00pm Oct 31		
Check Box for	r 10:00 - 2:00pm Oct 31	Check Box for 2:00 - 6:00pm Oct 31	
Nov. 1, 2009 National Cou	9 ncil of Jewish Women	Check Box if you are available for Tr	aining and Setup 9:00am
Check Box for	r 10:00 - 6:00pm Nov 1		
Check Box for	r 10:00 - 2:00 pm Nov 1	Check Box for 2:00 - 6:00pm Nov 1	

For more information contact Lenore Ivers: lenoreivers@rogers.com or print and fax the completed form to: 905-889-3865