

Wellington Health Fair

Volunteer Information

Station / Position: _____

Name: _____

License and or Certification #: _____

Please include a copy of License and or Certification. (Medical Volunteers Only)

Company: _____

Address: _____

Street

State

Zip Code

Phone: _____

Home

Work

Cell

E-mail: _____

The best way to contact me:
(please circle all that apply)

E-mail

Home Ph.

Work Ph.

Cell Ph.

The Best time to contact me: _____

Please return form before March 15th. E-mail to awich@townofwellington.com, drop of at Wellington Recreation office in the Leper Center or fax to 970-568-7410 (will have to call first to let them know you are faxing).