



Volunteer Interest Form

Please Print

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip*

Phone: _____ **Email Address:** _____

Why are you interested in volunteering for the ALS Iron Horse Foundation and what would you like to get out of your experience?

Please Indicate Your Areas of Interest

FUNDRAISING EVENTS

- Public relations or public speaking
- Special events coordinator
- Sponsorship leads
- Solicit auction items (pick-up and/or delivery of items)
- Volunteer coordinator
- Working the events (assist before, during or after the event)

PATIENT ASSISTANCE

- Home Adaptations
- Care Team
- Other (please specify) _____

Thank you for your interest in the ALS Iron Horse Foundation.