

Hearing Loss Association Of America – Western Colorado Chapter Volunteer Form

Please scan & mail or email

Name: _____

Address: _____

Home Phone #: _____ Alt. Phone # _____

E-mail: _____

Preferred method of contact: e-mail mail phone

Thank you for your interest in volunteering with HLAA-WCO. Please check all areas of interest:

A. Areas of Interest:

- Planning Committee (meets 2 times a year)
- Setup /tear down– name tags
- Setup/ tear down – display table
- Setup/ tear down – food table
- Send greeting cards after monthly meetings
- Demonstration Committee (taking equipment to agencies to demonstrate)
- Grant Writing

_____ Date: _____

Signature