

VOLUNTEER FORM

Name:		Phone: _		
PS Address:				
Neighborhood:		Email:_		
Charitable Foundation Co			_	☐ Fundraising
Special Skills or Talents:				
☐ Soliciting ☐ Event S	etup/Breakdow	n 🗆 Neighb	orhood Rep	☐ Creativity
☐ Grant Process Review	Spreadsh	eets/Analytical	☐ Decor	ating
Other:				

Complete, scan and email to: info@pscharitablefoundation.org
Or, complete and mail to or drop off in PS Administration:

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