Image: With the second secon						
Prospective Volunt	eer Profile					
Name (last)		(first)			(m.i.)	
Address (street, city, state, zip)						
Phone (work)		(home)		(fa	(fax)	
Volunteer Interests (please check interests that pertain to you)						
□ Helpin	g Senior Citizens		Youth Programs		School Activities	
□ Parent	/ Teacher Org.		Other			
Volunteer Availability (on what basis will you be available to volunteer)						
□ Regular Basis			On-Call Basis		Special Project Basis	
This space is provided for you to make additional comments or suggestions relating to the Moraine Volunteer Program (MPV)						
Please return by mail or fax to the address or number listed below						
By mail:	Derek W. Hunter Moraine Voluntee 4200 Dryden Roa Moraine, Ohio 45 937/299-7312 or	ld 439	By fax: -6573	(93	37) 299-4859 s:\wpdocs\volnteer\progform.pm6	