



Recovery Walks!



WALK VOLUNTEER COMMITMENT FORM

_____ **Yes!** I will volunteer some time to help out for *Recovery Walks!*

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

I am interested in:

- Serving as a committee member - Committee: _____
- Helping to identify and/or contact potential Sponsors for the Walk
- Getting other families I know who are touched by addiction involved in the Walk
- Organizing a family or workplace-based team of walkers
- Helping at location on the day of the Walk
- Other (music, entertainment, photography, etc. on day of the Walk)

(Please explain): _____

Thank you so much for you interest. Please mail or fax this form to:

Cheryl Poccia
PRO-ACT
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