



# Recovery Walks! 2009



## WALK VOLUNTEER INTEREST FORM

\_\_\_\_ Yes! I am interested in volunteering my time for *Recovery Walks! 2009*

**PLEASE PRINT CLEARLY.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Position: \_\_\_\_\_

I am interested in...

- Serving on the WALKS! Planning Committee
- Helping to identify and contact potential Sponsors for the WALKS!
- Getting other families I know who are touched by addiction involved in the WALKS!
- Organizing a family or workplace based team of walkers
- Helping with logistics the day of the WALKS!
- Other (music, entertainment on day of the WALKS!, photography, etc.)

(Please explain): \_\_\_\_\_

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

Attn: Jamie Devereaux  
PRO-ACT  
444 N. 3<sup>rd</sup> Street, Suite 307  
Philadelphia, PA 19123  
215-923-1661  
Fax: 215-923-2216  
jdevereaux@bccadd.org