



Ambassadors for Recovery

Recovery Walks!



Recoverywalks

www.recoverywalks.org

@Recoverywalks

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

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. You can call John below with this information, or mail or fax this form to:

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**PRO-ACT**  
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**Philadelphia, PA 19123**  
**215-923-1661**  
**mleister@councilsepa.org**

