

Volunteer Information Sheet

Our Shoreline Community Association

Please include me on the list of volunteers for Our Shoreline Community Association.

Name:

Address:

Cell Phone Number:

Email Address:

I am particularly interested in participating in the following activities:

Driving members to medical appointments and shopping

(Requires driver's license and car insurance. Mileage reimbursement available)

Telephoning members who request or need contact calls.

Helping organize activities, such as:

socials

game night

book club

trips

other

Please print this form, fill it out and send it to OSCA, PO Box 287, West Mystic, Ct. 06388-0287