

HELPER / VOLUNTEER FORM

Note: Some volunteer activities are single event commitments; some may involve a bit more of your time or involvement. You decide your level of involvement!

City	State	Zip
	Phone:	
YesNo		
o be contacted?	Phone,	Fext orE-mail?
Please check ar	ea(s) of interest.	
Marketing	Technology	Health Fairs
		Chapter Writing
	v	Presentations
Publicity	Outreach	Social Media
Veterans	Healthcare	Legislative
	YesNo o be contacted? Please check ar Marketing Advocacy Historian Publicity	Ph YesNo o be contacted?Phone,7 Please check area(s) of interest. MarketingTechnology AdvocacyDemo Center HistorianSocial Outings PublicityOutreach

Please share any related areas of special interest or expertise:

		How did you	first hear about HLA	A?
Member	Friend	Audiologist	HLAA Website	Other (specify)
 Thank you	for returning	this form to: HI	AA Pochester P.O.	Box 1002 Fairport, NY 14450
•	-		lease email: <u>hlaa.roo</u>	•
	•	• •		ossible volunteer opportunities.