



WWKI-WE CARE, INC.

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Volunteer Registration

Name: _____

Address: _____

Date: _____

Phone: _____

Cell: _____

Email: _____

Occupation: _____

What hours of the day are you available? _____

Can you stand for periods of time? _____

Can you navigate stairs? _____

Can you lift and/or transport items? _____

Do you have computer skills? _____

Do you have filing skills? _____

Can you manage a cash register and/or count money back? _____

Your asset to We Care? _____

What area of We Care would you like to help?

1. Through the whole year? _____
2. During the Tree Festival? _____
3. In the We Care Store? _____
4. During the Telethon? _____
5. Assist the Wrap-up auction? _____

Thank you for your interest in the We Care organization!