



P. O. Box 19501
Rochester, NY 14619
585-234-0448
Website: sisterstogether.org

Volunteer Form

(Please attach an updated copy of your resume)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ (home) _____ (work) _____ (cell)

Email address: _____

Occupation: _____

Areas of Interest: (select all that apply)

Mentor Participating in Fundraising events Facilitator

Presentor @ meetings Participating in Community Service projects

Annual Debutant Cotillion Holiday Baskets

Days & hours available: (complete all that apply)

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____

“Touching the lives of Rochester’s young women”