

volunteer

name

address

phone

email

time available

VOLUNTEER PREFERENCE

_____ CLERICAL

_____ FUND RAISING

_____ SET UP DREAMS

_____ PHOTOGRAPHY

_____ PUBLIC RELATIONS

_____ NEWSLETTER

_____ ACKNOWLEDGEMENTS

_____ AS NEEDED

List any experience and/or skills that will help us match an appropriate volunteer experience for you:

Please complete and mail to:

A Keiki's Dream Program
Cameron Center, 95 Mahalani Street
Wailuku, Hawai'i 96793

For additional information please call or fax your request to 242-8476. You can also contact us at akd@maui.net

thank you!



www.akeikisdream.org