



Westside Compassion

people reaching out to touch the hearts of others

Personal Information

Name: _____ Home: (____) _____ - _____
Address: _____ Cell: (____) _____ - _____
City: _____ State: _____ Zip: _____ Work: (____) _____ - _____
Email: _____ Bilingual (Language): _____

T-Shirt Size: S M L XL 2XL 3XL

Where did you hear about Westside Compassion? _____

Event Information

Date: Saturday, July 11, 2008

Event Time: 8:00 to 4:00

(Volunteer shifts will be arranged by team leader)

Location: Hillsboro United Methodist Church
Hillsboro, Oregon

Area(s) of Interest:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Follow-Up | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Clean-up Crew | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Shuttle Service |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Leadership | <input type="checkbox"/> Social Service |
| <input type="checkbox"/> Equipment/Set-Up | <input type="checkbox"/> Vision | <input type="checkbox"/> Interpreting |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Prayer | <input type="checkbox"/> Other: _____ |

Please mail or email this form to:

Westside Compassion
PO Box 316
Banks, OR 97106

Phone: 503-324-7711

Email: westsidecompassion.vol@gmail.com

Website: www.westsidecompassion.com

Thank you for your interest in serving the community of Hillsboro. The appropriate team leader(s) will be contacting you soon with more information.

If you are unable to volunteer but would like to contribute to the work of Westside Compassion, please consider making a monetary donation. Financial contributions may be mailed to the address listed above. Please make checks payable to "BCUMC" and write "Westside Compassion" in the memo line. Donations are tax-deductible; a receipt will be sent to you reflecting your donation. Thank you in advance for your generosity!

