

Tolfree Foundation Volunteer Application

The Tolfree Foundation depends on many helping hands and our volunteers are the lifeblood of our organization.

Your Privacy:

At Tolfree Foundation, we respect your privacy. Keeping our donor's records and information in strict confidence is a priority to us. We do not share any of the personal information you submit using this form with any other company or organization. The information you provides, remains strictly confidential.

Submitting by mail or fax:

Please print this form and complete as required and mail to:

Tolfree Foundation
335 E. Houghton Avenue
West Branch, MI 48661

Or fax to: 989.345.3090

Questions:

If you would like more information on volunteer opportunities, please call the Tolfree Foundation at 989.343.3690.

Volunteer Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Are you a West Branch Regional
Medical Center Employee? _____

If so, which department? _____

Please contact me with information
regarding possible areas of interest:

___ Event Planning Committee

___ Creative Committee

___ Community Giving Committee

___ Tee Off for Tolfree Committee

___ Speaking Engagements

___ Office Projects

*Thank you for your interest
and we will be in contact with you!*