

EMERGENCY ONE-OFF VOLUNTEERS

If you feel you may be able to help us as an **Emergency One-off volunteer** this coming year please complete and return the slip below.

PLEASE TICK AS APPROPRIATE

I would like to help as an Emergency One-off volunteer

I have my own transport

I can help in the following locations.....

NAME.....

ADDRESS.....

.....**POSTCODE**.....

TELEPHONE.....**E Mail**.....

Please return this form to:

**James Player,
Age Concern York,
70 Walmgate,
York
YO1 9TL**