**2025 HEALTH FAIR VOLUNTEER FORM**

**Name:** Type Name Here

**Telephone:** Type Cell Phone Number Here

**Email:** Type Email Address Here

**Bilingual:** Yes No

**Times Available on Event Day (please check all that apply):**

|  |  |
| --- | --- |
| 7:00 am – 11:00 am | 11:00 am – 3:00 pm |
| 10:00 am – 2:00 pm | No preference |

**How would you like to volunteer (Please pick your top 3 choices):**

|  |  |  |
| --- | --- | --- |
| Translation | Event Set up (Fri. Evening) | Event Break Down (2 pm) |
| Registration | Event Set up (Sat. Morning) | Floater |
| Games | Bookbag Distribution | Medical Assistant |
| Registered Nurse | Medical Provider | Parking |
| Refreshments | Greeters | Other Type Here |

A Volunteer Orientation session will be provided. Details to follow.

**Signature:** \_\_\_\_\_\_\_\_\_ **Date:** Type Date Here

**Instructions:** Please click on the boxes above to put an “x” in each applicable square.

Please return your completed form to Jennifer Fuentes ([jfuentes@cwwilliams.org](mailto:jfuentes@cwwilliams.org)).

Call 980-335-0498 with any questions that you may have. We greatly appreciate your support!

**Event Details: Saturday, August 9, 2025 ♦ 10:00 am to 2:00 pm**

**3333 Wilkinson Blvd., Charlotte, NC 28208**

**In-person event, rain or shine!**