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www.cityyouthnow.org

Holiday Wrapping Volunteers Form

Yes! I want to sign-up for City Youth Now's mailing list and keep up to date with upcoming events, newsletters, and other announcements.

| First Name: | Last Name: | |
|--|------------|------|
| Address: | | |
| City: | State: | Zip: |
| Phone (w): | | |
| Phone (h): | | |
| Phone (c): | | |
| Email Address: | | |
| What is the best time to contact you? Please indicate if you will be bringing a group or coming alone. If you are bringing a group, please indicate | | |
| the number of individuals you will be brining. | | |
| Please indicate if you are interested in coming in one time, several times, weekly, biweekly or monthly. | | |
| Days/Hours of Availability: | | |