



Invocation Volunteer Form

PLEASE PRINT

Name: _____

Name of Organization: _____

Date of Regular Meeting you wish to volunteer to provide invocation: _____

Method by which you wish to be contacted: (You will be notified 1 week prior to the meeting you select)

Telephone Number: _____

E-mail Address: _____

Today's Date: _____

Office Use Only:

Date Received: _____