

A HEALING FAMILY



VISITING NURSE ASSOCIATION
of SOMERSET HILLS

Bringing health and healing home since 1904

Rummage Volunteer Form

Date: _____

Name: _____

Phone: (Home) _____ **(Cell)** _____

Address: _____

E-Mail: _____

Emergency Contact & Phone: _____

How did you hear about volunteering with the VNA Rummage Sale?

Thank you for your interest in volunteering with us!