SUMMER OF HOPE
DO YOU WANT TO HELP?

_____ **Yes, I am interested in being a part of Summer of Hope and would like to serve on the following team(s):**

___ Publicity and Media Team

___ Business and Donor Team

___ Advocacy Team

___ Summer Activities Team

___ Health Professionals Team

___ Hospitality Team

___ Escort Team

___ Translator Team

___ Team Building Team (Hope Walk)

___ After Walk BBQ Team

The best time for me for team meetings is: _____ _____
day of week time

____ **I do not have time to serve on a team but am willing to help in other ways.**

List any particular skills, talents, etc. that you would like to offer (even a commitment to pray for the children and families involved would be much appreciated:

_____

_____

Name _____

Address _____

Phone _____ **E-mail** _____

Please return this form to:

The Sacred Portion Children's Outreach
7104 Bristol Lane
Bozeman, MT 59715
Or call us at **(406) 586-5773** if you have questions or need more information.

THANK YOU FOR GIVING YOUR TIME AND TALENT ON BEHALF OF CHILDREN WHO NEED FAMILIES!