

Volunteer Form – Stop the Metro

1. Volunteer Information

Name: _____

Email Address: _____

Phone Number: _____ Can this number receive TEXT messages? Yes ___ No ___

Street Address: _____

2. Availability

I am available:	mornings (M-F)	afternoons (M-F)	evenings (M-F)
	Saturday morning	Saturday Afternoon	Saturday Evening
	Sunday morning	Sunday Afternoon	Sunday Evening
	Once a week	as needed	one time only
	other _____		

3. Volunteer Assignment (check all you are interested in)

- fund raising
- yard sign sale/distribution
- flyer distribution throughout WNY community
- Social Media posts/updates
- write letters(s) to elected officials
- write opposition to editorial pages in news media
- Attend / Speak at public hearings
- Publish comments for public hearings
- Take and/or participate in video journals for social media content

4. Do you have any special interests, talents, or experience that you would like to use when volunteering? (example – generate spreadsheet that catalogs important facts concerning the impact on the health and safety of the community during construction and after completion)

Email completed form to: niagarasoft20-stopthemetrometro@yahoo.com