**BVC Oct 2016 CONTACT SHEET**  Page 1

**NAME**

(SURNAME)

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FIRST/PREFERRED NAME

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**RESIDENTIAL ADDRESS**

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**BUSINESS ADDRESS** (IF APPLICABLE)

BUSINESS NAME

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**TELEPHONE**

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**EMAIL CONTACT**

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**SPECIAL CONTACT INSTRUCTIONS?** (Time of day, etc)

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Turn page and complete Page 2……………………………………………………………………➤➤➤

**BVC Oct 2016 CONTACT SHEET**  Page 2

**PLEASE OUTLINE BELOW YOUR INTERESTS, SKILLS, COMMITMENTS, & AREAS OF INTEREST FOR VOLUNTEERING TO HELP BVCF GROW AND PLAY A SUCCESSFUL ROLE FOR THE FUTURE OF BELLE VUE.**

**PLEASE OUTLINE ANY CONCERNS OR CAUTIONS YOU FEEL SHOULD BE SHARED AS RELATED TO THE DEVELOPMENT OF A MORE FOCUSSED AND EXPANDED BVCF. YOUR COMMENTS ARE RESPECTED, AND WILL BE DEEMED PRIVILEGED BY THE EXECUTIVE.**

**OTHER THOUGHTS?**