



Group/Organization/Individual Interest in Serving **Oak City Outreach Center**

Organization/Group Name: _____

Contact Person Name: _____

Contact Number: _____

Contact E-mail: _____

Requested Date: _____

Interest Level:

One Time Event

Weekly Basis

Sat or Sun

Monthly Basis

Sat or Sun

Week of the Month

Preferred Time Requested: _____

Activity Requested: _____

Please fill out form and send to Tosharia Savage, Coordinator:

E-mail - oakcity.outreach@raldioc.org or Fax - (919) 790-8836

If you questions, please call (919) 812-5546

Thank you so much for your interest in serving!