

**COVID-19 VACCINATION TRANSPORTATION VOLUNTEER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Daytime) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Available Times \_\_\_\_\_  
Can pick up at:           Home                           Church

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Daytime) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Available Times \_\_\_\_\_  
Can pick up at:           Home                           Church

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Can pick up at:           Home                           Church

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Available Times \_\_\_\_\_  
Can pick up at:           Home                           Church