

**Names Recovery Campaign: In Partnership with Yad Vashem
Volunteer Registration Form**

Please fill out this form and send it to *(add contact details)*

Name and title: _____
first *last*

Organization: _____

Phone: _____

Fax: _____

Email: _____

How did you learn about the Names Recovery Campaign?

Please indicate why you are interested in volunteering for this project and any skills you possess (including languages) that can contribute to this project.

Please provide references.

Name: _____
first *last*

Organization: _____

Phone: _____

Name: _____
first *last*

Organization: _____

Phone: _____

Please let us know of your availability:

- I am available to make home visits in the following area/s _____
- I am available to attend events and help survivors and others fill in Pages of Testimony
- Other (please specify any time constraints) _____