

HCAO Volunteer Hours

Date range of time (day, weeks, month):

Name:

Date:

Address:

Phone:

E-Mail:

**HCAO Group (Board, Committee, Local Action Group, Caucus,
Member Organization, etc.):**

Individual Activity: Yes ___ No ___

Total hours:

Type of volunteer activities:

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**On a monthly basis, use the on-line version of this form or complete,
print and send to:**

**HCAO
619 SW 11th Avenue
Suite 121
Portland, OR 97205,**

Thank you for your contributions to the Health Care for All Oregon movement to create a comprehensive, equitable, affordable, publicly funded, high quality, universal health care system serving everyone in Oregon and the United States.