

APPROVED CASH / INVENTORY LEAD FORM

Name of Non Profit Group

Volunteer Group Lead

Address

Phone Numbers

Cash Leads:

DL #

Cell Phone #

1) _____

2) _____

3) _____

Inventory Leads

Cell Phone #

1) _____

2) _____

3) _____

****Please complete and return this form to the Volunteer Coordinator prior to the individuals coming in with their information.