



**SPECIAL NEEDS/ACCESSIBILITY COMMITTEE VOLUNTEER LIST**  
 Group \_\_\_\_\_ District \_\_\_\_\_ Date \_\_\_\_\_



| NAME | PHONE # | HOW WOULD YOU LIKE TO HELP? CHECK THE BOXES WHICH APPLY: |                               |                            |   |  |
|------|---------|--|-------------------------------|----------------------------|---|--|
|      |         | GIVE RIDES TO MEETINGS*                                  | DO IN-HOME VISITS OR MEETINGS | TAKE AND MAKE PHONE VISITS | HELP OUT THE DISTRICT SPECIAL NEEDS COMMITTEE | VISIT MEETINGS IN YOUR DISTRICT TO CHECK FOR ACCESSIBILITY |
|      |         |  |                               |                            |   |  |
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|      |         |  |                               |                            |   |  |

\* Be sure that your vehicle has adequate space for wheelchair storage

- For more accessibility/special needs info, visit the Committee’s webpage on the Area website: <http://eamo.org>.
- Return this form to either: (1) your group’s GSR; or (2) \_\_\_\_\_  
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