



# Diagnostics Volunteer Form 2019



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Email (optional): \_\_\_\_\_

If you have completed The Diagnostic Program, you may indicate which dates you would like to volunteer.

Send or email this completed form to:  
**Denise Lloyd, 6130 Almond Bluff Pass, Fort Wayne, IN 46804**  
**lloyddenise@gmail.com**

We will place a completed schedule in the ATF. You may or may not be assigned to all the blocks you chose.

Day	Date	1:00 - 4:00 PM
Mon	7/8	xxxxxxxxxxx
Wed	7/10	
Fri	7/12	
Mon	7/15	
Wed	7/17	
Fri	7/19	
Mon	7/22	
Wed	7/24	
Fri	7/26	
Mon	7/29	
Wed	7/31	
Fri	8/2	
Mon	8/5	
Wed	8/7	
Fri	8/9	
Mon	8/12	
Wed	8/14	
Fri	8/16	
Mon	8/19	
Wed	8/21	
Fri	8/23	

Day	Date	1:00 - 4:00 PM
Mon	8/26	
Wed	8/28	
Fri	8/30	
Mon	9/2	Labor Day
Wed	9/4	
Fri	9/6	
Mon	9/9	
Wed	9/11	
Fri	9/13	
Mon	9/16	
Wed	9/18	
Fri	9/20	
Mon	9/23	
Wed	9/25	
Fri	9/27	
Mon	9/30	
Wed	10/2	
Fri	10/4	
Mon	10/7	
Wed	10/9	
Fri	10/11	

Day	Date	1:00 - 4:00 PM
Mon	10/14	
Wed	10/16	
Fri	10/18	
Mon	10/21	
Wed	10/23	
Fri	10/25	
Mon	10/28	
Wed	10/30	
Fri	11/1	
Mon	11/4	
Wed	11/6	
Fri	11/8	
Mon	11/11	
Wed	11/13	
Fri	11/15	
Mon	11/18	
Wed	11/20	
Fri	11/22	
Mon	11/25	
Wed	11/27	
Fri	11/29	