Health Fair Volunteer Registration

Dear [Volunteer Name],

Thank you for your interest in volunteering for the upcoming Health Fair on [Date] at [Location]. Your support is vital in making this event successful.

To complete your registration, please fill out the following information:

- **Full Name:** [Your Name]
- **Email Address:** [Your Email]
- **Phone Number:** [Your Phone Number]
- Availability: [Available Shifts]Preferred Role: [Role Preference]

Please return this form by [Deadline Date]. If you have any questions, feel free to contact us at [Contact Information].

We appreciate your contribution and look forward to seeing you at the Health Fair!

Best Regards,

[Your Name]

[Your Position]

[Organization Name]