

**Deep Roots Inc.**  
**List of work group participants**

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

Dates of Service: \_\_\_\_\_

*Please print as many copies as you need to ensure a complete list. Please write legibly. Thank you.*

Last Name, First Name	Mailing Address	Email	Have you volunteered here before?

***Please return the completed form(s) to Lori Goldsmith!***