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**Hilfsnetz Sankt Katharina von Siena Frankfurt**

**Helferliste**

Gemeinde ..................................................................................................

Hauptamtliche/r ..................................................................................................

1. Organisator/in ..................................................................................................

Name, E-Mail, Telefonnummer

2. Organisator/in ..................................................................................................

Name, E-Mail, Telefonnummer

1. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

2. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

3. Helfer/in .................................................................................................. Name, E-Mail, Telefonnummer

4. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

5. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

6. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

7. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

8. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

9. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer

10. Helfer/in ..................................................................................................

Name, E-Mail, Telefonnummer