

Pine Island FISH
PO Box 357
Matlacha FL 33993-0357

VOLUNTEER INFORMATION AND REGISTRATION FORM

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

If you are a part-time resident, what dates are you here? _____

Training/Experience _____

Please check the various duties for which you are willing to volunteer

Phone Duty - Retrieve messages from voice mail, secure a volunteer to provide requested service. Phone duty is one day per week, for one month.

Transportation: Island only, off Island (Ft. Myers/Cape Coral). FISH volunteers drive Island residents who need assistance to and from medical facilities, grocery store, etc.

Special Needs Committee: Interview and visit (when necessary) clients to determine eligibility for financial assistance.

Respite – Relieve non-paid primary caregivers for approximately 4 hours, once a week.

In-Touch – Contact with homebound individuals either by phone or home visits.

Storage Committee – Assist in the operation of FISH's Mobility Equipment Lending Closet.

Special Events – Assist with Basket Brigades; assist Valued Partners with FISH fundraisers.

Which day(s) are you willing to volunteer? (Check all that apply.) M T W Th F

I agree to maintain a valid driver's license. State issued: _____

I agree to maintain current insurance on my vehicle that covers myself and my passengers.

I agree to submit to a Lee County background check.

Signature: _____ Date: _____