



PO Box 357, Matlacha, FL 33993

239-283-4442 info@pineislandfish.org

## 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: \_\_\_\_\_