

Volunteers Needed

AT THIS TIME, we are *especially* looking for Phone Duty volunteers and Transportation providers.

Phone duty volunteers retrieve requests for help from the FISH's voice mail and then contact a volunteer to provide the services for the client. Telephone duty is one day a week for one month, weekdays only. Hours are 8:00 am to 5:00 pm.

Volunteer Transportation Providers are needed for non-emergency client car transportation to medical facilities in the area, and to food locations, thrift stores, pharmacies, banks, etc. on Pine Island. Drivers can choose the day or days and where they want to drive within our service area.

FISH Meetings
1st Thursday of the month
3:00 pm
by Zoom or at the
Pine Island Methodist Church
5701 Pine Island Road
Bokeelia, FL 33922

Pine Island FISH volunteers are dedicated to providing support services for the residents of Pine Island and Matlacha. There is never a charge for any FISH service, however, donations are always accepted. Our services include:

- Non-emergency transportation to medical facilities in Pine Island, Matlacha, Cape Coral and Fort Myers and Pine Island food locations, thrift stores, pharmacies, banks, etc. for individuals with no other access to transportation.
- Provide respite information and a list of providers that serve Pine Island.
- The loan of mobility equipment such as wheelchairs, walkers, and portable commodes.
- Emergency financial assistance for rent, utilities, medical, etc.
- Basket Brigade Christmas & Back to School Programs for families with children and seniors.

Pine Island FISH is a 501(c)3 Federal tax-exempt charity. Donations are welcome and may be tax deductible.



PINE ISLAND FISH
Fellow Islanders Sending Help

Pine Island FISH
P.O. Box 357
Matlacha, FL 33993-0357

Phone: 239-283-4442
www.pineislandfish.org

email:
info@pineislandfish.org



PO Box 357, Matlacha, FL 33993
239-283-4442 info@pineislandfish.org

VOLUNTEER INFORMATION AND REGISTRATION FORM

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Do You Text? Yes / No

Email address: _____

Emergency Contact: (name) _____ (phone) _____ Relationship _____

Resident Status: Full Time () Part Time ()

Circle Months Available to Work: All Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Circle Days of week available to work: M T W Th F Other restrictions? _____

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, on or off Island (Matlacha/Cape Coral/Ft. Myers). FISH volunteers drive Island residents who need assistance to and from appointments and local stores.
- Special Needs Committee** - Interview and visit (when necessary) clients to determine eligibility for financial assistance.
- Storage Committee** - Assist in the operation of FISH's Mobility Equipment Lending Closet, which may include delivery to client's home.
- Special Events** - Assist with Basket Brigades; assist Valued Partners with FISH fundraisers.

Volunteer Pledge

I understand that F.I.S.H. Inc. is a 501c3, nonprofit organization, which is comprised of an association of neighbors organized to help those living in the Matlacha and Pine Island Communities. As part of this commitment, I agree to the following:

- I agree to maintain a valid driver's license, if volunteering for Transportation. **State issued:** _____
- I agree to maintain current insurance on my vehicle that covers myself and my passengers, if a driver.
- I agree to submit to a Lee County background check.
- I agree to respect the privacy of those served by maintaining the confidentiality of their personal information.
- I agree to participate in a working environment where open communication, diversity of opinions, dignity, respect and camaraderie are welcome and encouraged.
- I agree not to engage in coercive or unscrupulous behavior, nor benefit in terms of material personal or business interests, related to F.I.S.H. Inc. as a volunteer, or with other volunteers, donors or clients.
- I agree to report potential conflict of interest or perceived conflict of interest for myself or other volunteers to the Executive Director for resolution.

Signature: _____ Date: _____