

Member Application for the Northwest Florida Guardian ad Litem Foundation, Inc.

Name: _____

Email: _____

Primary Phone: _____ Alternate Phone: _____

Mailing Address: _____

Business Affiliation (if applicable): _____

Volunteer Areas

- | | | |
|--|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity | <input type="checkbox"/> Office & Admin Assistance |
| <input type="checkbox"/> Food Preparation for Activities | <input type="checkbox"/> Event Set Up / Clean Up | <input type="checkbox"/> Special Occasions / Decorating |
| <input type="checkbox"/> Fair, Parade, etc. Participant | <input type="checkbox"/> Recruiting Members | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Other | <input type="checkbox"/> Bingo Monitoring | <input type="checkbox"/> Willing to Help Where Needed |

Identify any other areas you would like to help with:

Date Completed: _____

Thank you for completing this form and for your volunteer efforts on behalf of children.

NWFGAL Foundation, Inc.
19 Iowa Drive NE
Fort Walton Beach, FL 32548
david@nwfgal.org

Member Number: _____