



PINE ISLAND FISH
 P.O. BOX 357
 MATLACHA, FL. 33993-0357
 (239) 283-4442

VOLUNTEER INFORMATION AND REGISTRATION FORM

Name:		
Address:		
Phone:	Cell / Home	Do you text? Y / N
E-Mail:		
	Are you part time on Pine Island? Y / N	
	If Y, what dates are you here (approx):	
Please check the duties for which you are willing to volunteer:		
	PHONE DUTY: answer phones (using our phone system app), take messages, secure a volunteer to provide the service. Time commitment: 1 x week	
	TRANSPORTATION: volunteers drive island residents to and from medical facilities, grocery store, food pantry, etc. Must supply a copy of your driver's license and insurance card.	
	SPECIAL NEEDS COMMITTEE: interview and visit (when necessary) clients to determine eligibility for financial assistance. Coordinate with other non-profits.	
	EQUIPMENT: assist in picking up and delivering mobility equipment to our clients.	
	What days are you willing to volunteer your services? (circle one or many)	
	Mon Tues Wed Thurs Fri	
	I agree to a background check: Y / N	

Signature:

Date: