

# Volunteers Needed

AT THIS TIME, we are in need of help in all areas, *especially the following:*

1. **Phone Duty** – answering phones and retrieving requests for help from clients.
2. **Drivers** – non-emergency transport to medical facilities, pharmacy, bank, etc.
3. **Special Needs** – interview clients to determine eligibility for financial assistance.

**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 services.**



## 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](http://www.pineislandfish.org)

email:

[info@pineislandfish.org](mailto:info@pineislandfish.org)

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### Pine Island FISH

is a 501(c)3

Federal tax-exempt charity. Donations are tax deductible.

Meetings are held quarterly at the Pine Island Methodist Church,  
5702 Pine Island Rd,  
Bokeelia, FL 33922

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

## Volunteer Information and Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell /Home Do you Text? Y N

Email: \_\_\_\_\_

Are you a part-time resident? Y N What dates are you here? \_\_\_\_\_

### 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 once a week.
- Transportation** - Volunteers drive island residents who need assistance to and from medical facilities, grocery store, etc. Must supply copy of drivers license and insurance card.
- Special Needs Committee** - Interview and visit (when necessary) clients to determine eligibility for financial assistance.
- Equipment** - Assist in delivering and picking up mobility equipment loaned to our clients.

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

I agree to submit to a Lee County background check. Y N

Signature: \_\_\_\_\_ Date: \_\_\_\_\_