

Volunteer Application

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-Mail Address: _____

Employer: _____ Do you have transportation? Yes No

What is your birth date? _____ (Information used for grant applications.)

Your vision status? Sighted Low Vision Legally Blind Totally Blind

When is the best time of day for you to volunteer? Mornings Afternoons

Available on which days? Mon Tue Wed Thu Fri Sat Sun

Which volunteer activities are you interested in?

Support Group Meetings:

Caller Driver Greeter Refreshments Sighted Guide

Community Outreach:

Low Vision Expo Health Fairs

Social Groups:

Bowling League Sighted Guide Game Day Craft Class Art Class

Office/Clerical:

Survey Caller Mail Outs Special Projects

On Chrome browsers, please
right click to save form