



VOLUNTEER INFORMATION FORM

Volunteer Name: _____

Address: _____ City: _____, FL Zip: _____

Phone: (H) _____ (Wk or Cell) _____

Email: _____

Occupation (if retired, former occupation): _____

Skills (please check all that apply)

Interests (please check all that apply)

- _____ Computer skills, data entry
- _____ Fundraising
- _____ Public Relations
- _____ Photography/Creative Skills

- _____ General office duties
- _____ Coordinate/Plan Events
- _____ Publicity and Outreach
- _____ Design/Create Displays
- _____ Website update
- _____ Onsite volunteer at events

Other special skills/interests: _____

How long have you lived in Indian River County? _____

Are you a _____ Seasonal resident or _____ Year-round resident

Days/Hours available (generally)

| | | | |
|-----------------|---------|-----------|---------|
| _____ Monday | Morning | Afternoon | Anytime |
| _____ Tuesday | Morning | Afternoon | Anytime |
| _____ Wednesday | Morning | Afternoon | Anytime |
| _____ Thursday | Morning | Afternoon | Anytime |
| _____ Friday | Morning | Afternoon | Anytime |
| _____ Weekends | Morning | Afternoon | Anytime |

How often would you want to volunteer:

- _____ More than 1 day per week
- _____ One day per week
- _____ One or two days per month
- _____ Occasionally for special events only

Please return this form to:

Camilla Wainright, Executive Director
Scholarship Foundation of Indian River County
P.O. Box 1820

Vero Beach, FL 32961

Phone 772-569-9869

fax 772-770-6181

Or email information to director@SFIndianRiver.org

THANK YOU!