

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:

Sandy Hager, Office Manager
 Dollars for Scholars of Indian River County
 P.O. Box 1820
 Vero Beach, FL 32961
 Phone 772-569-9869 fax 772-770-6181
 Or email information to office@DFSIndianRiver.org

THANK YOU!