

**Pine Island FISH  
PO Box 357  
Matlacha FL 33993-0357**

**VOLUNTEER INFORMATION and REGISTRATION FORM**

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

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

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you are a part time resident — what dates are you here? \_\_\_\_\_

What is your other address: \_\_\_\_\_

LOCAL AFFILIATIONS: (Church, service clubs, etc.) \_\_\_\_\_

\_\_\_\_\_

TRAINING/EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

**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 one day per week, for one month.

\_\_\_\_\_ **Transportation:** \_\_\_\_\_ Island only, \_\_\_\_\_ off Island (Ft. Myers/Cape Coral). FISH volunteers drive Island residents who need assistance to and from medical facilities, grocery store, etc.

\_\_\_\_\_ **Respite** - Relieve non-paid primary caregivers for approximately 4 hours, once a week.

\_\_\_\_\_ **In-Touch** - Contact with homebound individuals either by phone or home visits.

\_\_\_\_\_ **Storage Committee** - Assist in the operation of FISH's Mobility Equipment Lending Closet.

\_\_\_\_\_ **Special Events** – Assist with Basket Brigades; assist Valued Partners with FISH fundraisers.

Which day(s) are you willing to offer your service? (Circle all that apply) **M T W Th F**

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

\_\_\_\_\_ I agree to maintain a valid drivers license. State issued: \_\_\_\_\_

\_\_\_\_\_ I agree to maintain current insurance on my vehicle that covers myself and my passengers.

\_\_\_\_\_ I agree to submit to a Lee County background check.