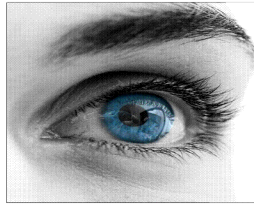


Cynthia McCready
Volunteer Manager
(509) 735-0699
Fax:(509) 735-4074
Cynthia@edithbishelcenter.org



Edith Bishel Center
FOR THE BLIND
AND VISUALLY IMPAIRED

628 N. ARTHUR STREET • KENNEWICK, WA • 99336 • (509) 735-0699 • FAX (509) 735-4074

Name: _____ Birth date: ____/____/____
Address: _____ City/State/ZIP: _____
Phone: (____)____-____ Cell: (____)____-____
Email: _____

Contact Preference: Phone Email Gender: Male Female

Do you give your permission for the use of your photo in publicity?

Yes No

Do you volunteer now? Yes No If so, where? _____

Availability Category: Long Term Short Term Special Events

Have you ever been convicted of a crime?

If "Yes", Please explain. _____

OPTIONAL Information: (Check all that apply)

Do you have a disability? Yes No

If yes, what? _____

How did you hear about Edith Bishel Center and/or one of our programs?

Friend Staff Member Television Radio Newspaper

Volunteer Site Other _____

I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee of Edith Bishel Center for the Blind & Visually Impaired. I understand that I may choose among the volunteer jobs referred to me and I am under no obligation to accept any placement.

Volunteer Signature

Date

Guardian Signature (If under 18)

Date

*" We exist to enrich the independent quality of life
for the blind and visually impaired persons. "*