



Edith Bishel Center
FOR THE BLIND
 AND VISUALLY IMPAIRED

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

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

Contact Preference: Phone Email Gender: ____
 Do you give permission for the use of your photo in publicity? Yes No
 Do you volunteer now? Yes No If so, where? _____

Optional Information: (Check all that apply)

Do you have a disability? Yes No
 If yes, what is your disability? _____
 How did you hear about Edith Bishel Center and/or one of our programs?
 Friend Staff Member Television Radio Newspaper Website Other _____

Areas interested in volunteering:

- Outreach-man booths at events, give presentations, and help with event set-up & tear-down.
- Social Event Team-assist with planning and serving at monthly social events.
- Fundraising Team- Help with fundraisers, asking for donations, etc.
- Landscaping-2-5 hours a month helping with upkeep of outside areas.
- Building Maintenance- 2-5 hours a month helping with small repairs and upkeep of the facility.
- Marketing Team- Creating awareness and promoting the center and its programs.
- Web Page Design/Management-design and monthly updates.
- Other _____

Availability:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday (special events)
- Mornings
- Afternoons
- Evenings (special events)

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

