

Vision Rehabilitation Services
Volunteer Application

Please print clearly. You must be 16 years of age or older to volunteer with VRS.

_____ phone _____
Name

_____ City _____ Zip _____
Address

Alternate phone _____ Email _____

Preference of contact ___ phone ___ alternate phone ___ email Birthday mm/dd _____

Please provide us with your emergency contact information:

Do you have any health issues or physical limitation we should know about (such as diabetes, allergies, bad back, hearing or vision impairment, etc.)? If yes,

what _____

Volunteer Interest: ___ Answer phones/greet guests ___ Clerical ___ Special Events ___ Health Fairs ___ Design/Technology ___ Writing/PR

Other _____

What skills do you have that would be applicable to the volunteer position you desire? _____

