



## Volunteer Information Sheet

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

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

Preferred Method of Contact:

Telephone     Email     Both

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Florida Address: \_\_\_\_\_  
Street City State Zip

Northern Address: \_\_\_\_\_  
Street City State Zip

*(Office Use Only)* Forms Check List:

Wildflower Waiver  
 Paid Membership Dues     2011     2012     2013     2014

Do we have your permission to use your photograph in LBC publicity?     Yes     No

\_\_\_\_\_  
Volunteer Signature Date

Special Interests:

<input type="checkbox"/> Wildflower <input type="checkbox"/> Office Work <input type="checkbox"/> Wildflower & Office Work

Special Talents:


Notes:

Year Round Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, Resides in Florida:</i> From    To