



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