

2026 Volunteer Application

Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

What is your preferred method of contact? Email: ___ Phone: ___

Please list any physical limitations that we should be aware of (standing, walking, etc):

In case of an emergency, contact:

Name: _____ Phone: _____

Check the specific programs that interest you (Multiple sites if applicable):

Music Mondays: Sarasota: ___ Venice: ___

Global Issues:

Sarasota:	Tuesday	___	Thursday	___
Venice:	Tuesday	___	Friday	___
Lakewood Ranch:	Wednesday	___	Thursday	___

Program specific volunteer positions:

Greeter ___ Usher ___ Ticket Sales ___

Availability: All year: ___ Season (Jan-Mar): ___ Part Season (specify) _____

Check or write in the other areas you might be interested in :

Marketing: ___ Website: ___ Newsletters: ___ Clerical ___
 Fund Raising: ___ Finding Speakers: ___ Financial: ___ Clerical: ___
 Write In: _____

As a volunteer to SILL, I agree to abide by the policies and procedures of the organization. I understand that I am volunteering at my own risk, and that the organization cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform. I agree that all the work I do is on a volunteer basis.

Also, I attest that the information contained in this application is correct to the best of my knowledge. I understand that SILL has the right to agree or not agree with my interest in volunteering. I further understand that my position as a volunteer may be terminated at the sole discretion of SILL, without cause and without notice.

Signature: _____ Date: _____