



# Volunteer Information Request

Name: \_\_\_\_\_  
*first-last*

Address: \_\_\_\_\_  
*street-city-state-zip*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your preferred method of contact? Email: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency, contact:

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

## Skills

If you have skills in any of the following areas and would like to be contacted when that skill is needed, please mark them

Accounting	Finding Speakers	Marketing
Advertising	Fund Raising	Website
Financial	Newsletters	

Please return completed applications to:  
Robert DeFillippi, SILL Volunteer Coordinator  
[sillvolunteer@gmail.com](mailto:sillvolunteer@gmail.com)

*Thank you for your interest in SILL*