Volunteer/Member Application

Collier County Coalition Against Human Trafficking
P.O. Box 9694
Naples FL 34104

Today's Date: _____

Name: _____ Date of Birth: _____

Street address: _____

City, State & Zip Code: _____

Telephone Number: _____

Email Address: _____

Year Round Resident? ____ _____ If NO: Check which months you are in SW Florida

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Alternate Street Address: _____

Alternate City, State & Zip Code: _____

Alternate Phone: _____

Please tell us a little about yourself and any agencies/organizations you are associated with.

What is your current work status? (work, school, retired)_____

Are you associated with a service providing agency? Please specify. _____

What services can your agency provide? _____

_____

How often would you like to volunteer your time? _____
(Many tasks can be completed using a home computer, please consider this with your time commitment.)

Can you attend the general monthly meeting? (2nd Thursday of the month, 2-4 pm)_____

In case of an emergency:
Do any of your health issues impact your activity level? YES NO
*Please specify if answered YES: _____

Person to contact: _____ Relation to volunteer: _____

Phone number: _____

Just for our records:
Do you have any hobbies/talents that might be a benefit to the Coalition (i.e. language skills, computer skills, mental health licenses/training, nursing/EMT skills, social work experience, fundraising experience)? _____

_____

_____

What is your preferred form of communication? Email Post Mail Phone