



INTERVOL

VOLUNTEER APPLICATION

Thank you for your interest in InterVol!

Please complete this application and return to InterVol via email or postal mail (addresses below).

Prefix First Name M.I. Last Name Suffix

Street City State Zip Code

(____) _____ (____) _____ (____) _____
Home Phone Cell Phone Work Phone

Email Age

How would you prefer to be contacted: Email Home Phone Cell Phone

Occupation (if applicable): _____

Where did you first hear about InterVol? _____

Areas of Volunteer Interest (check all that apply):

- Transportation (*picking up donated materials*) Volunteer Medical Personnel
- Warehouse Sorting Parties Friends Across Borders
- Support Services (*legal, accounting*) Rochester Med RxCycle (*Hospital recycling*)
- Development (*fundraising, grants*) Communications (*public relations, newsletter*)
- Information Technology (*networking, website*)
- Other interests you would like to pursue: _____

Please return application to: INTERVOL
1425 Portland Ave, Box 138
Rochester, NY 14621
Or info@intervol.org

For questions or more information contact: (585) 922-5810 or info@intervol.org