

**Volunteer Profile Form**

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Nickname/Informal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Email (please print): \_\_\_\_\_

**Retired?**

Yes      If yes, retired from:  
\_\_\_\_\_

No      If no, current profession:  
\_\_\_\_\_

**Computer Skill Level:** (please circle)      None      Some  
Advanced

**Areas of expertise:** (please circle all that apply)

- |                                |                               |         |
|--------------------------------|-------------------------------|---------|
| Arts and Culture/Museum Docent | Bird Watching                 |         |
| Communications                 |                               |         |
| Construction                   | Donor Development             |         |
| Education                      |                               |         |
| Environmental Sciences         | Environmental Site Monitoring |         |
| Finance                        | Florida History               | Florida |
| Native Plants                  |                               |         |

Grant Research  
Membership Recruitment  
Photography  
Real Estate  
Volunteer Coordination

Legal  
Parks/Recreation  
Special Events  
Wildlife

Other \_\_\_\_\_

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**Other community involvement** (present and most recent past):

**Relevant life experiences and accomplishments you wish to share:**

In case of an emergency, whom should we notify? Please include name and phone:

\_\_\_\_\_

**Availability:** All year or (please circle all that apply):

January February March April May June July August September October November December

Thank you so much for considering Conservation Foundation of the Gulf Coast as one of your volunteer opportunities. Volunteer talent has a tremendous impact on the success of this organization and we are very grateful.

*Volunteers are recognized as representatives of the Foundation and are guided by the same policies as all employees. Our expectations are that you will treat the Foundation staff and*

*anyone you come in contact with during the course of your volunteer duties with care, respect, and confidentiality. As we often deal with sensitive information about our donors, we expect that any information you hear or see will remain confidential. Your signature below indicates that you understand that this is an unpaid volunteer position and as such is not eligible for benefits including worker's compensation, disability, and/or health insurance. Either you or the Foundation, may discontinue the volunteer relationship at any time for any reason.*

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**Signature**

**Date**