



Volunteer Information Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Email: _____ Fax: _____

What's the best way to reach you? _____ When? _____

Birth Date: _____ Occupation: _____

How did you hear about Reel Recovery? _____

Tell us about your fly-fishing experience: _____

Tell us about your previous volunteer experience: _____

Do you have experience with cancer? _____

How would you like to help? (check as many that apply to you):

Organizing Retreat(s) _____ Fundraising for Retreat(s) _____ Staffing Retreat(s) _____ Tying Flies _____

Other (describe) _____

What is your general availability during the week/weekend? _____

Are you willing to travel out-of-state to staff a retreat? _____

Feel free to provide any additional information: _____
