



## Volunteer Information & Waiver Form

### Contact Information

Name	
Street Address	
City, State & Zip Code	
Home Phone/Cell Phone	
Work Phone	
E-Mail Address	

### Availability

When are you available for volunteer assignments?

### Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Equipment maintenance	<input type="checkbox"/> Accounting
<input type="checkbox"/> Events	<input type="checkbox"/> River guiding	<input type="checkbox"/> Donation coordination
<input type="checkbox"/> Field work	<input type="checkbox"/> Recruiting participants	<input type="checkbox"/> Medical networking
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Giving presentations	<input type="checkbox"/> In-kind donation f/u
<input type="checkbox"/> Tying Flies	<input type="checkbox"/> Printing	<input type="checkbox"/> Grant writing & f/u
<input type="checkbox"/> Retreat coordination	<input type="checkbox"/> Mailing coordination	<input type="checkbox"/> Carpooling participants
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Website	<input type="checkbox"/> Other - Describe:
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Database coordination	

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. What about certifications? CPR, First Aid or other?

### Previous Volunteer Experience or Cancer Experience

Summarize your previous volunteer and/or cancer experience.



# Reeling & Healing Midwest



## Fly Fishing

It is not required, but do you have any previous experience? Please describe:

Do you have your own equipment? YES or NO      Will you need to borrow any equipment? YES or NO

If you need waders please list 1) Shoe Size \_\_\_\_\_ 2) Hip Measurement \_\_\_\_\_ and 3) Height \_\_\_\_\_

## Other Notations

Do you have any physical restrictions and/or special needs?

Do you have any allergies?

Are you presently taking any medications? If yes, please list:

Birth Date: Month \_\_\_\_\_ Date: \_\_\_\_\_

TYPE of Sleeper: LIGHT \_\_\_\_\_ EARLY RISER \_\_\_\_\_ HEAVY \_\_\_\_\_ OTHER \_\_\_\_\_

What was the date of the last Reeling & Healing Midwest retreat you attended?

Other:

## Emergency Contact Information

If we need to contact anyone on your behalf while you are attending the retreat.

Name

Street Address

City, State & Zip Code

Home Phone

Work Phone

Form continued on next page.

