

REGISTRATION INFORMATION

Name of Organization: _____

Type of Organization: (Please circle all that apply)

Non-profit

Church/Faith-Based

Educational/School

State Sponsored

Privately/Grant/Donation funded

Brief description of overall goal of the organization: _____

Primary Contact(s):

Name(s): _____

Title: _____

Email: _____

Phone: (home) _____ (cell) _____

Name(s): _____

Title: _____

Email: _____

Phone: (home) _____ (cell) _____

Organization physical address: (Please be sure to include zip code – for mapping purposes)

Is the mailing address the same as physical address? **YES** **NO**

If NO, please indicate MAILING address:

Hours of operation:

Monday	Open: _____	Close: _____
Tuesday	Open: _____	Close: _____
Wednesday	Open: _____	Close: _____
Thursday	Open: _____	Close: _____
Friday	Open: _____	Close: _____
Saturday	Open: _____	Close: _____
Sunday	Open: _____	Close: _____

Volunteer Needs:

Volunteers currently utilized: _____

Volunteers needed: _____

Target volunteer skills? Ages?

Special qualifications/certifications required?

What specific training do you offer your volunteers? Do they have to pay for it? (Like CPR, Web design...etc.)

How do you see your organization fitting in with offering Bright Futures hours?

Include sample volunteer job descriptions here: (These will be posted under opportunities on the *Volunteer Wakulla* website and should be available to hand out/distribute at the Volunteer Fair)

1st Description: _____

2nd Description: _____

Add additional descriptions using this same format.

Website address of organization: _____

Logo for the *Volunteer Wakulla* website: Please send logo in an email directly to Mike Edwards of Volunteer Leon at edwardsm@leoncountyfl.gov

Online Registration:

Please follow the link included to register with 1800volunteer.org so that we can link your information to our website.

www.1-800-volunteer.org and it will allow you to register at the top of the page.



Booth Requirements:

****Please note that booths are assigned in a first-come/first-served manner and all reasonable accommodations will be made as space and resources allow****

Whole table

½ table

Electricity

Yes

No

Indoor

Outdoor

Other requests (as we can accommodate if possible) For example: we need a phone line, internet access or a projection space.

PLEASE RETURN ALL REGISTRATION MATERIALS TO:

Wakulla County Extension Office

c/o Sherri Hood – Volunteer Wakulla

84 Cedar Avenue

Crawfordville, FL 32327

FAX: 850-926-8789

Office Use Only:

Date Materials Received:

Booth Assignment:

Special Accommodations Necessary: (Handicapped parking, etc.)

Notes: