

The Fishing Foundation
www.thefishingfoundation.org
Volunteer Application

Print Name _____ Mr. Mrs. Ms. Other

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____

Email Address _____

Birth Date (month/day/year) _____

Gender: Male Female Other

Emergency Contact:

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Mobile _____

Email Address _____

Does your employer have a volunteer program? Yes No

If yes, please provide employer information below.

Does your employer offer volunteer assistance grants to organizations where employees participate as volunteers? Yes No

If yes, please provide employer information below.

Employer _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Email Address _____

Website _____

Professional Certifications _____

Indicate which tasks you'd like to assist:

___ Event Registration ___ Rod & Reel Assembly ___ Bait Station ___ Handouts

___ Food Station ___ Refreshment Station ___ T-shirt Distribution ___ Set Up

___ Clean Up ___ Marketing ___ Graphic Design ___ All

Signature _____ Date _____

For Office Use Only

Notes

Return form to: The Fishing Foundation, c/o Gail A. Grizzell, Administrator, 129 The Mall, Berea, OH 44017 or email the form to gail@thefishingfoundation.org. Questions? Call Dennis James Knowles, President, at 216.337.8891.

Updated 1.15.2023/gg