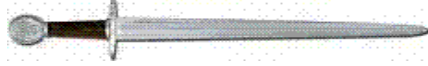


**Excalibur Leisure Skills Center, Inc. 2019 Volunteer Form**



P.O. Box 68, Kenmore, New York 14217  
(716) 831-3188 or Visit [www.excalibururl.com](http://www.excalibururl.com)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person to call in the event of an emergency: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

YES. I want to become a volunteer for your organization.

The ways in which I am willing to help are:

- |  |   |
|--|---|
| <input type="checkbox"/> Captain*            | <input type="checkbox"/> Fundraising.                   |
| <input type="checkbox"/> Volunteer Escort.   | <input type="checkbox"/> Technical computer assistance. |
| <input type="checkbox"/> Boat Maintenance.   | <input type="checkbox"/> Computer data entry.           |
| <input type="checkbox"/> Shows.              | <input type="checkbox"/> Special events.                |
| <input type="checkbox"/> Office support.     | <input type="checkbox"/> Grant writing.                 |
| <input type="checkbox"/> Serve on committee. |   |

Captain's License Type\* \_\_\_\_\_

I have special skills to offer in the following areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am available to help at the following times:

- |                                     |                                   |                                   |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mornings   | <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Variable | <input type="checkbox"/> Weekends |

(This information is personal and not required.)

Age. \_\_\_\_\_ Gender. \_\_\_\_\_ Health Problems. \_\_\_\_\_

Do you drive a vehicle? \_\_\_\_\_ Would you need gas money? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Do you know a disabled person? \_\_\_\_\_

Do you own your own boat? Type \_\_\_\_\_

Fishing and boating experience. \_\_\_\_\_

Please forward your completed form to Excalibur's address at the top of the page. Questions? Feel free to call us, or visit our website at [www.excalibururl.com](http://www.excalibururl.com) to learn more about the Excalibur Program. We thank you, for helping us to help others!