



Identity Beyond Disability

Volunteer Registration Form

Date of application: _____

Name: _____ Birthdate: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Phone: _____ Alternate Phone: _____

References: (name, phone number and relationship)

1. _____

2. _____

3. _____

Driver's License #: _____

Vehicle Make and Model: _____

Vehicle License #: _____

Area of Interest:

1. Direct contact with members ____ Evening: _____ Daytime: _____
2. Kitchen and Food Prep Organization _____
3. Cleaning and Organizing _____
4. Crafts, Sewing, or Other Classes for Small Groups _____
5. Shopping _____
6. Grounds and Outside Maintenance _____
7. Sports and Fitness _____
8. Publicity _____
9. Fundraising _____
10. Special Events _____
11. Office Work _____
12. Anything Needed _____
13. Other Ideas _____

Volunteer signature: _____

Form may be mailed to:

PO Box 18703
Spokane, WA 99228

Form may be emailed to:

projectidspokane@gmail.com

*Form may be dropped
off at:*

1412 W. Central Ave.
Spokane, WA 99208