



Date: _____

FOSSPL Volunteer Information

Please Print:

Name: _____

Cell Phone #: (____) _____ Land line: (____) _____

Email Address: _____ Text: _____

Florida Address: _____

Other Address: _____

Check one: Full time resident Seasonal resident

If seasonal, please check months you are typically in Florida:

January February March April May June

July August September October November December

Current/Former Profession or Trade: _____

Specific personal interests/skills that might enhance FOSSPL's mission:

X each shift you are NOT available, **O** in preferred shifts:

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00-12:00						
12:00-2:00						
2:00-4:00						

NOTE: Volunteers will also be asked to help with special events throughout the year, i.e. Book Sales, musical events, special speakers, etc.