

VOLUNTEER INFORMATION

The Spina Bifida Association of Illinois is a non-profit organization with the mission to promote the prevention of Spina Bifida and enhance the lives of all affected. We request that all new volunteers complete the following information.

NAME:

(Last) _____ (First) _____ (Spouse) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (home) _____ business/cell _____

EMAIL: _____

OCCUPATION _____ (Spouse) _____

Geographic region:

- Chicagoland Northern Illinois Springfield Quad Cities Southern, IL
 Rockford Peoria/ Decatur

Volunteer Interests:

- | | |
|--|--|
| <input type="checkbox"/> Office Volunteering | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Kids on the Block |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Website |
| <input type="checkbox"/> Prevention Efforts | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Other _____ | |

I prefer to volunteer:

Weekdays (please circle preferences): Mon. Tues. Wed. Thurs. Fri.
between the times _____ and _____

Weekends (please circle preferences): Saturday Sunday
between the times _____ and _____

- I am interested in receiving the SBAIL's newsletter, "*Crossroads*"