PBT Volunteer Intake Form

First Name ____________________________________________
Last Name ____________________________________________
Address _____________________________________________
City/State/Zip __________________________________________
Email __________________________________________________
Phone __________________________ Method of Contact __________________________
Organization ____________________________________________
Advisor _________________________________________________

I am interested in volunteering for the following types of activities:

☐ Vision Screening
☐ Health Fair
☐ Office Assistant
☐ Data Entry
☐ Other:
☐ Event: Eye Stroll for Vision, Oct 14th, 6:45 am-10:30 am, Houston
☐ Event: Solar Eclipse Viewing Party, Oct 14th, 10 am-2:30 pm, Houston
☐ Event: Women’s Health & Vision Symposium, Nov 2nd, 6 pm, Dallas
☐ Event: San Antonio Event, Feb 1st, 5:30 pm, San Antonio
☐ Event: Tee Off to Prevent Blindness Golf Tournament, May 3rd, Dallas

www.preventblindnesstexas.org