



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