

Volunteer Incentive Program

ORDER FORM

Volunteer's Name: _____ Date of Submission _____

Volunteer's Worksite: _____

Job Supervisor's Name: _____

Volunteer's Daytime Phone: _____ Home Phone: _____

Mailing Address: _____

_____ Zip Code: _____

If requesting a **Park Pass** please complete the following:

License Plate Number: _____ Make of Vehicle: _____

Model of Vehicle: _____ Year of Vehicle: _____

Item Letter	Item Name and Description (plus color and size selection if needed)	Size	Quantity	Hours Needed

Total Hours Spent _____

**Mail this Order Form to: Volunteer Services
3410 Palm Beach Blvd.
Fort Myers, FL 33916**

Questions?
Call (239) 432-2159
Fax 239-432-2030
Email Kcahill@leegov.com
