

## 239-418-0331

12519 S. Cleveland Ave. Ft. Myers, Fl 33906 Hours of Operation: Monday-Saturday 9am-8pm, Sunday 11am-5pm

## Volunteer Application

Date of Application: Full Name	
Address:	Apt #
City:	State: Zip:
Best Contact Number:	D.O.B
E-mail:	
Please select one below:	
I am a student looking to fulfill se	ervice hours by this date
I need to complete community se	ervice hours by this date
I am interested in volunteering on a regular ba	asis. # Hrs per Week Month
Have you ever been convicted of a felony? Yes	No
Who were you referred by:	
· · · · · · · · · · · · · · · · · · ·	
Volunteer Signature:	

RETURN APPLICATION TO ACT PO Box 60401 Fort Myers, FI 33906

Fax: 239-939-4741 Email: ckobie@actabuse.com Drop off at Second ACT