



VOLUNTEER FORM

Name: _____

Address: _____
Street City: State: Zip

E-mail Address: _____ Phone: _____

Employment Status:

___Employed F/T ___Employed P/T ___Unemployed/Retired ___ Student

Education (highest level): _____

Do you have a hearing loss? ___Yes ___No

If yes, are you able to communicate on the phone? ___Yes ___Yes, but not easily ___No

Volunteer and/or work experience:

We are looking for volunteers with specific skills. Please check area(s) of interest.

___Microsoft Office ___Website design/management ___Public Speaking ___Writing

___Public Relations ___Advocacy ___Fundraising ___Event planning

Other (specify) _____

Availability: Day(s) of week: _____ Time(s) of day: _____

Please indicate how you first heard of HLAA:

___Member ___Friend ___Audiologist ___HLAA Website ___Other (specify) _____

If you need more space to provide information, please write on the back of this form.

*Please return to Hearing Loss Association of America – New York City Chapter, P.O. Box 602,
Radio City Station, New York, NY 10101-0602.*

If you have any questions, email smitnick@hearinglossnyc.org