

Volunteer Information Form

To assist Technology Assisting People In Need with processing your request, please write clearly and legibly. When you have finished this form, please sign, date, and return this form to:

Technology Assisting People In Need
P.O. Box 12916
Cincinnati, Ohio 45242

Last Name: _____ First Name: _____

Gender (circle one): Male Female Phone # (include area code): _____

Your Street Address: _____

City: _____ County: _____ State: _____

Zip + 4: _____ E-Mail Address: _____

How did you find TAPIN? _____

How would you prefer to volunteer for TAPIN (circle any that apply):

Computer Repair Monitor Repair Printer Repair Administrative tasks

Bookkeeping Data Entry Secretarial Work Other: _____

If you have any qualifications that you feel would be useful to TAPIN, please explain: _____

If you would, please inform us why you are interested in volunteering for TAPIN: _____

Signature: _____ Date: _____