

**SICARS Volunteer Information Form**  
**(Please print or type)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Current status (Indicate all that apply):

- Retired
- Employed, If yes, where? \_\_\_\_\_
- Student, If yes, where? \_\_\_\_\_
- Other \_\_\_\_\_

I wish to volunteer for the following opportunity:

\_\_\_\_ Event Volunteer    \_\_\_\_ Sports    \_\_\_\_ Medical Services    \_\_\_\_ Lifeguard

Shirt Size (circle one)    SM    MED    LG    XXLG    XXXXX LG

In case of an emergency contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

References: List two personal references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Interested persons should complete this form and email to  
[info@sapeloislandgeorgia.org](mailto:info@sapeloislandgeorgia.org) or fax 912.485.2263 or mail to SICARS,  
PO Box 6, Sapelo Island, GA 31327