

Disability Community Information Update

Please fax completed form to 850-921-5146, Attn: Inclusion - or mail to Volunteer Florida, Attn: Inclusion, 401 South Monroe St., Tallahassee, FL 32301

If you are a person with a disability, a family member of a person with a disability or a friend of a person with a disability and would like to submit or update your contact information for the Volunteer Florida Disability Community Outreach List please complete the form below.

- New Contact Information
 Updated Contact Information

Contact Information (* required)

Prefix (Mr., Ms., Dr.):

*Email Address:

*First Name:

Web Site Address:

*Last Name:

*Voice Phone Number:

Suffix:

TTY/TDD Phone Number:

*Address Line 1:

Cell Phone Number:

Address Line 2:

Other Phone Number:

*City:

Fax Number:

*State/Province:

*Postal Code:

*County:



Position Type (check the description that fits you best)

- I am a person with a disability I am a family member of a person with a disability I am a friend of a person with a disability

- Please remove me from your mailing list.

This document is available in large print, Braille and electronic formats. Please contact Volunteer Florida at 850-921-5172 with your request.

THANK YOU!