

## Disability Professional 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 replacing or have replaced a Disability Professional already in the Volunteer Florida database please include their name in the box below to request they be removed:

### Updated Contact Information (\* required)

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

\*Email Address:

\*First Name:

Web Site Address:

\*Last Name:

\*Voice Phone Number:

Suffix:

TTY/TDD Phone Number:

\*Position/ Title:

Cell Phone Number:

\*Agency Name:

Other Phone Number:

\*Address Line 1:

Fax Number:

Address Line 2:

\*City:

\*State/Province:

\*Postal Code:

\*County:



### Position Type (check the description that fits you best)

- I work directly with and/or provide services to people with disabilities
- I supervise individuals who work directly with people with disabilities
- I supervise and manage individuals that do not work directly with people with disabilities

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!**