



Volunteer Inquiry Form

First Name: _____ Last Name: _____

Email address: _____

Home Telephone: _____

Please indicate the best contact time and method:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Weekday | <input type="checkbox"/> Prefer contact by phone |
| <input type="checkbox"/> Weeknight | <input type="checkbox"/> Prefer contact by email |
| <input type="checkbox"/> Weekend | |

Please list the skills and interests that you bring to volunteering: _____

Please indicate your general availability for volunteer services:

- Weekday
- Weeknight
- Weekend
- Other

Please return the completed form to Biddeford Public Access, 15 Columbus Way, Biddeford, ME 04005, or by email to b.a.volunteer@biddefordmaine.org.