



RETURN COMPLETED FORM TO:
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FAX t0: 561-392-8697
or email to: lsimmons@afspflse

VOLUNTEER PROFILE

PLEASE PRINT CLEARLY

Last Name First Name Middle Initial

HOME

Address City/Town State Zip

WORK/BUSINESS

Company/Organization Address City/Town State Zip

PHONE

Home Preferred

Business Preferred

Mobile Preferred

EMAIL

Email1

Email2

Survivor (Lost Someone to Suicide)? Yes No

Volunteer Interests

- Board of Directors Fundraising Committee Publicity & PR
Out of the Darkness Walk Survivor of Suicide Conference Awards Luncheon
Grant Writing Survivor Outreach Program Internship
Office Support Support Group Facilitator Advocacy
Awareness Website Maintenance Other