



Sickle Cell Foundation
of Palm Beach County and Treasure Coast, Inc.


(561) 833-3113 • Fax: (561) 444-0178

www.sicklecellpbc.org or info@sicklecellpbc.org



Volunteer Intake Form

Please fill out the following information form to be considered for Volunteer service at this foundation. The information obtained will help us ascertain how best we can assist them with their request and how best they can assist us as an agency.

Volunteer Information					
First Name:				Last Name:	
Address:					
City:		State:		Zip:	
Phone #			Email:		
Would you be interested in learning about Community Voice programs?				YES	NO
Is this request court ordered?:		YES		NO	
# of hours requesting:			Date volunteer hrs. are needed by,		

Clients with court order request will need to submit the request at least (3) weeks prior to required completion date as deemed by the court in order for the agency to accommodate the request. Community Voice program only provides 10 hours of community service. The 10 hours associated with Community Voice program is not done at one time and the agency cannot guarantee there will be Community Voice series in session to meet the court request for the applicant.

If the client needs more than 10 hours, it will be, the responsibility of the applicant to secure the additional hours needed. In addition, if they wish to volunteer Sickle Cell Office, a background check is needed. The applicant would need to have a local background screening completed by PBSO.

If you have any questions regarding the contents in this email, please do not hesitate to call us at 561-833-3113 or email us at info@sicklecellpbc.org.

