

IslandWood Information Request

Name: _____

Address: (Circle *Home* or *Work*): _____

City: _____ State: _____ Zip Code: _____

Phone : (Circle *Home* or *Work*): _____

E-mail Address: _____

How would you prefer to be contacted?

- Phone
- E-mail
- Post
- Yes, please send IslandWood program alerts to the e-mail address listed above.
- No, do not send Island program alerts to the e-mail address listed above.
- I am interested in volunteer opportunities at IslandWood. Please contact me.

Mail completed forms to:
IslandWood
Attn: Volunteer coordinator
4450 Blakely Avenue
Bainbridge Island, WA 98110
Attn: Assistant Cook Search

or Fax: (206) 855-4300, attention Volunteer Coordinator