**CVI Volunteer Interest Form**

Please click in the spaces below to enter information and then simply save a copy. Send your form to Shannon Fairorth, CVI Volunteers by email: [sfairorth@cviga.org](mailto:sfairorth@cviga.org)

Alternately, you may print the form and mail it to Shannon at CVI address below.

Thank you for your interest in serving people impacted by vision loss as a volunteer with CVI.

**Name**: Click or tap here to enter text.

**Date**: Click or tap to enter a date.

**Phone number**: Click or tap here to enter text.

**Email Address**: Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Best Contact Method:** Click or tap here to enter text.

**Best Time to Reach You:** Click or tap here to enter text.

**Other Details or Comments:** Click or tap here to enter text.

Center for the Visually Impaired

739 W. Peachtree St. NW

Atlanta, GA 30308