SEE SW FLA Member – **Help Wanted**:

Name of Business/Organization: _____

Location: _____

Contact Person: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

Description of help wanted: _____

☐ This is a Volunteer position.

☐ This is an Employment position.

Other information: _____

Fax this completed form to: John Kiseda at 239-432-2030 or email to: kisedajb@leegov.com