



VOLUNTEER APPLICATION

Last Name _____ First _____ M.I. _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Work _____
Email _____
Grade Level Completed: _____ Are you currently a student? Yes No

References (please list three)

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

Employment Information

Are you currently employed? Yes No

Company _____ Phone _____

Address _____

Emergency Contact

Full Name _____ Relationship _____

Phone _____ Cell _____ Work _____

Address _____

Volunteer Experience

Organization _____ Phone _____

Address _____

Responsibilities _____

Dates Active: From _____ To _____

Organization _____ Phone _____

Address _____

Responsibilities _____

Dates Active: From _____ To _____

How did you become interested in our volunteer program?

Skills/Hobbies/Special Interests

Availability: Days Evenings Weekends
How do you prefer to work? Alone One on One Small Group

Activities most interested in:

Reading for Twin Ports News Misc. office duties
Recreational activities, small outings Other Reading
Other _____ Special Events
Driving/Transportation (*please also complete Volunteer Driver Application*)

Disclaimer and Signature

In making this application to be a volunteer, I understand that I am not an agent or employee of the Lighthouse Center for Vital Living and agree to volunteer without compensation.

I understand that I am not allowed to solicit contributions or sell anything to Lighthouse Center for Vital Living clients.

I certify that my answers to the questions in this application are true and correct to the best of my knowledge.

First and Last Name (printed)

Signature

Date

Photo/Video Release

I authorize the Lighthouse Center for Vital Living to use my photo or video of me for general public relations and marketing purposes. This authorization is continuous but may be withdrawn at any time.

YES

NO

First and Last Name (printed)

Signature

Date