APPLICATION FOR VOLUNTEER SERVICE

LF12 | REVISION 0 | REVISED 9/26/2023

All fields are required for application to be processed.

Applicant Informa	ation				
Last Name					
First Name			Middle N	ame	
Home/Work Phone			Cell Phone		
Email Address					
Home Address					
	Street		City	State, Zip	
Date of Birth*					
	Month		Day	Year	
*Applicants under 18 y	ears of age m	ust have a parent/gu	ıardian sigi	nature.	
	_				
Emergency Conta	ct Informat	tion			
Name					
Relationship	Relationship		Phone Number		
Service Project					
Is this for a service project (Y/N)?			How many hours?		
By what date?					
	Organization				

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Interest

If you are interested in serving in a certain area (e.g., desk coverage, landscaping clean up, story time), please note it here.

Signature

Signature of Applicant

Date

Date