



VOLUNTEER APPLICATION

Name: _____
Last First Middle

Address: _____
Street Address

City/State/Zip: _____
City State Zip

Phone Numbers: _____
Home Cell

Email Address: _____

Male ☐ Female ☐

Physical Limitations _____
(Be specific; if none, write none)

Education (highest level) _____ Name of School _____

Have you volunteered before: ☐ Yes ☐ No Position _____

Describe the work _____

Your Availability:

Daily Hours: _____ until _____

Dates: From _____ until _____



IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name_____

Relationship_____ Phone_____

Name_____

Relationship_____ Phone_____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied.

Volunteer Signature of Agreement

Signature Date

Parental Consent (If under 18yrs.)

Parent Signature Date

Lake Arbor Foundation Approval

President or Program Manager Signature