



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address

City/State/Zip: \_\_\_\_\_  
City State Zip

Phone Numbers: \_\_\_\_\_  
Home Cell

Email Address: \_\_\_\_\_

Male Female Date of Birth \_\_\_\_\_

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 EMERFENCY, 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