

Volunteer Application

Contact Information

Name (First, Last) _____
Street Address _____
City, State, Zip _____
Home Phone _____
Cell Phone (optional) _____
Email Address _____
Please Check One: Teen Adult

Availability

During which hours are you available for volunteer assignments? (Mark all that apply)

Tuesday	<input type="checkbox"/> 11:00 am - 2:30 pm	<input type="checkbox"/> 2:30 pm - 6:00 pm
Wednesday	<input type="checkbox"/> 11:00 am - 2:30 pm	<input type="checkbox"/> 2:30 pm - 6:00 pm
Thursday	<input type="checkbox"/> 11:00 am - 2:30 pm	<input type="checkbox"/> 2:30 pm - 6:00 pm
Friday	<input type="checkbox"/> 11:00 am - 2:30 pm	<input type="checkbox"/> 2:30 pm - 6:00 pm
Saturday	<input type="checkbox"/> 11:00 am - 2:30 pm	<input type="checkbox"/> 2:30 pm - 6:00 pm
Sunday	<input type="checkbox"/> 1pm - 4pm	

Special Skills

Accounting Web Sites Ebay Sales Other

Emergency Contact Information

Name (First, Last) _____
Best Phone Number _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature _____ Date _____

Parent's signature if teen _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. L.A.W. does not share, sell, or distribute any volunteer information to any other individual or entity.

Thank you for completing this application form and for your interest in volunteering with us.

Volunteer Taking the Application _____