



VOLUNTEER APPLICATION – LLI2

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Number & Street City State Zip Code

Phone: _____ Email: _____

Best way to contact (email, phone or text)? _____ Birthday (mo/day): _____

Emergency Contact: _____
Name Phone Relationship

What days/hours are you able to volunteer? _____

ADDITIONAL INFORMATION

What is the reason you would like to volunteer at Abiding Care? _____

What position(s) are you interested in serving in?

Event Help Cleaning Maintenance Office Help

Signature of Applicant: _____
Date

Signature of Staff: _____
Date