



Volunteer Application

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Is this address: Home? Business? Temporary?

Phone: _____ E-Mail: _____

Emergency Contacts

Name _____ Relationship _____

Address _____

Phone Number _____

Education/Work Experience

Let us know why you are interested in volunteer opportunities at Lighthouse Recovery Community Center.

Indicate in the blocks below the times you most prefer to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Signature: _____ Date: _____

