

## Interested in Volunteering?

(Please complete and return to LCOI)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What hours/days are you available? \_\_\_\_\_

What type of volunteer projects would you be interested in (Thrift Store, Food Pantry, Domestic Violence Hotline)?

Do you have any allergies we should know about?: \_\_\_\_\_

Do you have any volunteer experience? If so, what? \_\_\_\_\_

Emergency Contact: (Please provide 2 names and numbers)

1. \_\_\_\_\_

2. \_\_\_\_\_

