

**Interested in Volunteering? (Please Print)**

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

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

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

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

What type of volunteer projects would you be interested in?

- Opportunity Knocks Thrift Store       Domestic Violence and Rape Crisis Program       Food Pantries  
 LCOI Board       Tax Preparation (VITA)       Informational Booths

Other: \_\_\_\_\_

Do you have any previous volunteer experience? Please list your experiences below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

