



# abiding Care

## VOLUNTEER APPLICATION – LLI (OUTSIDE)

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact (email, phone or text)? \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_  
Date

Signature of Staff: \_\_\_\_\_  
Date