



Volunteer Information

Name _____ Name I go by _____

Cell _____ Home Phone _____

Email _____ Birthday _____

Local Address _____

Other Address _____

Please indicate days available (Circle) Mon Tues Wed Thurs Fri Sat Sun

Any physical limitations? _____

In case of emergency contacts:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Medical Information: (This information is optional but will help us help you if you are unable to provide this information to medical personnel yourself or we are not able to reach anyone at your emergency contacts.)

Allergies: _____

Medications: _____

Medical Conditions: (Diabetic, heart conditions etc.) _____

_____ Hospital Preference _____

Liability Statement

I understand that I will be volunteering at my own risk and that the organization and its affiliates cannot assume any responsibilities for any accidents, injury or health problems which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ **Date:** _____

Tell Us About You

Current or previous occupation

Skills (please check)

- | | |
|--|--|
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Computer programing, website design or data bases |
| <input type="checkbox"/> Retail sales | <input type="checkbox"/> Woodworking or construction |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Tour guide |
| <input type="checkbox"/> Art | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Other (Please list) | |

Would you be interested in being on the LLFB Board? Yes or No (Circle)

Would you be interested in being on a committee? Yes or No (Circle) (If "Yes", please mark which committee you would be interested in.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Database | |

