

## Lakeshore Foster Families & Friends Volunteer Application

Thank you for your interest in volunteering with Lakeshore Foster Families & Friends. Please use this form to offer information about yourself, to ensure the best match between you and our organization.

Name:

Address:

Phone:

Email:

Current Employer:

Job Title:

Briefly describe why you would like to volunteer with us:

What is your availability:

- |                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

Tell us which areas are you interested in volunteering? Check all that apply:

- |                                                |                                               |                                 |
|------------------------------------------------|-----------------------------------------------|---------------------------------|
| <input type="checkbox"/> Administration        | <input type="checkbox"/> &D(Closet/Care Kits  | <input type="checkbox"/> Drives |
| <input type="checkbox"/> Events/Planning       | <input type="checkbox"/> Independence Program | <input type="checkbox"/> &D(D   |
| <input type="checkbox"/> Marketing/Fundraising | <input type="checkbox"/> Grant Writing        | <input type="checkbox"/> Legal  |

Share any special skills and qualification you have acquired from employment, activities, hobbies, etc:

By signing this application, you are verifying that all information provided is true.

Signature:

Date: