



VOLUNTEER APPLICATION

The LBA Foundation encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Do you have any special talents or skills that you feel would benefit our organization?

Please indicate days available: Mon Tue Wed Thu Fri Sat

Times available: From _____ am/pm to _____ am/pm

Any physical limitations? _____

In case of emergency, contact: _____

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem 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: _____