



VOLUNTEEN INFORMATION

Please print in ALL CAPITAL letters

Today's Date: _____

Name _____
First Name Middle Last Name

Please Circle: **Male** or **Female**

Mailing Address _____
House Number & Street / Apartment No.

City, State & Zip Code

Home Telephone No. Mobile No.

Birth Date (Month/Day/Year) Email Address

EMERGENCY CONTACT

Name _____
First Name Last Name

Relationship to Volunteer _____
Mother / Father / Aunt / Uncle / etc.

Mailing Address _____
House Number & Street / Apartment No.

City, State & Zip Code

Home Telephone No. Mobile No.

Email Address

SCHEDULE

Please list what days of the week and what times you will be volunteering, along with your start & end dates:



Please remember to stop by our office at the end of each day you volunteer for LHAS to turn in your Daily Work Summary!