

**A Call To Action.
A Call To Love.**

Join us in bringing love and connection
to those isolated by COVID-19.



VOLUNTEER APPLICATION

Date: _____

Name: _____
(Last) (First)

Address: _____
(Street) (City, State, Zip)

Home Phone: _____ E-mail: _____

Driver's License/ID: _____

Current Place of Employment: _____

Business Address: _____

Business Phone: _____ May we call during business hours?
 Yes No

Occupation: _____ Best time to call: _____ AM/PM

Church Affiliation: _____

Skill Set / areas of interest? _____

Why are you interested in volunteering?

Do you have any medical limitations? Yes No

If yes, please specify: _____

I prefer to volunteer on: _____ I am not available on: _____
(Day[s]) (Day[s])

Print

Sign

Date

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ALL CLIENT INFORMATION IN THE LOVE INC OFFICE IS CONFIDENTIAL