## **2018-2019 VOLUNTEER APPLICATION**

Name:		
First	Last	M.I.
Address:		
No. and Street	City, State	Zip code
Contact Phone #	Email Address:	
Do you work or go to school?		
(check all that apply) Work	School Where?	
School major or professional expertise:		
Preferred Site(s):		
Americana Community Ctr. Bates	Community Development Ctr.	Edison Center
Louisville Urban League Portland	Promise Ctr. 🔲 Salt and Light Co	mmunity Development
Sun Valley Community Ctr. United	d Crescent Hill Ministries 🗌 Wes	ey House 🔲 Unknown
I am interested in volunteering as: (please position are listed on our website: www.la Positions"		
Greeter Tax Preparer	Site Coordinator	preter Other
Other languages besides English?		
Have you volunteered with us previously?	Yes, last year was Yes, my first time year	for No, this is my first s time
How did you hear about us?		
Days you are available? Monday (check all that apply)	Fuesday Wednesday Thurso	lay 🗌 Friday 📄 Saturday 📄 Sunday
Preferred time you are available? (check all that apply)	Morning Afternoor	n Evening

Upon receiving your completed application, a Louisville Asset Building Coalition staff member will contact you to discuss your availability and to provide additional information as well as answer any outstanding questions you may have.

You must use Adobe Reader to fill out and submit this form. If you cannot fill out this form online, you can download, save, print, mail or submit this form electronically to: Volunteer@labcservices.org



