

LIGHTHOUSE VOC-ED CENTER, INC.
MAKING A DIFFERENCE FOR PEOPLE WITH DISABILITIES



Volunteer

____/____/____
Date

Name

____/____/____
Date of Birth

Street Address

Home Phone

____ City State Zip

Cell Phone

Emergency Contact Information:

Name

Street Address

Home Phone

____ City State Zip

Cell Phone

Why do you wish to volunteer with Lighthouse Voc-Ed Center? _____

Circle the day(s) you will volunteer: M T W TH F

Hours during the day that you will volunteer: ____:____ to ____:____

Total number of hours/weeks would you like to volunteer? _____ /____/____
Date you wish to begin

Do you have any special talents, interests, or hobbies? _____

The staff, students and families of Lighthouse Voc-Ed Center would like to thank you for your compassion and commitment to improving the lives of others through community service. We hope you will enjoy the time you spend with us.