



Light Heart Volunteer Application

My name is:

I like to be informed through:

Email Address _____

Postal Address _____
Street Town Zip

Phone _____

I was born on: _____

____ **I would like to volunteer for short-term projects**

____ **I would like to volunteer on a longer term basis for**
____ **hours** ____ **per week** ____ **per month**

The best hours of the day for me to volunteer are:

	Tues.	Wed.	Thurs.	Fri.	Sat.
AM hours					
PM hours					

NAME _____

I am interested in becoming a Light Heart Volunteer because:

My most memorable experience with someone younger than myself was:

My most memorable experience with someone older than myself was:

NAME _____

My special interests are (circle all that apply):

Arts/Crafts

Music/Dance

Sewing/Weaving

Photography

Live Theater/Movies

Gardening

Sports

Other: _____

Games/Puzzles

Walking/Hiking

Computer Activities

Collections

Cars/Trucks

Politics

Travel

Skills I have to share with others:

My favorite colors are:

My favorite foods are:

Other interesting and important things about me:
