

**\*Required Fields**

* First Name	<input type="text"/>	* Last Name	<input type="text"/>
* Address	<input type="text"/>	* City	<input type="text"/>
* State	<input type="text" value="Select"/>	* Zip	<input type="text"/>
* Date of Birth	<input type="text"/>	* Email Address	<input type="text"/>
Home Phone	<input type="text"/> (012-345-6789)	* Work/Cell Phone	<input type="text"/> (012-345-6789)

**Where did you hear about Restoring Lives?**

**\* Is this a required Community Service Requirement?**

Yes  No

Reason for Community Service?

Number of Hours Required

Required Completion Date   
(mm/dd/yy)

**\* Emergency Contact Information:**

Name	<input type="text"/>	Relation	<input type="text"/>
Phone #1	<input type="text"/>	Phone #2	<input type="text"/>

**Educational Background:**

Highest Level Attained

Subject Area

Current Occupation or Volunteer Position

**Skills & Interests:** (check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Organizing            | <input type="checkbox"/> Telephone       | <input type="checkbox"/> Painting        |
| <input type="checkbox"/> Grant Writing      | <input type="checkbox"/> Proofreader           | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography     |
| <input type="checkbox"/> Writing            | <input type="checkbox"/> Administrative        | <input type="checkbox"/> Handy Man       | <input type="checkbox"/> Computers       |
| <input type="checkbox"/> Events Coordinator | <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Auto Repair     | <input type="checkbox"/> Info Technician |



- I would Prefer  Regular Schedule  
 Flexible Schedule  
 On Call as Needed

**Optional:**

Do you or a family member have contact with a private foundation that might be helpful to RLCDC?

- Yes  No

**Additional information that you would like to share with us?**

**I agree to treat all information revealed to me as confidential. I will do my utmost to be a committed volunteer and be flexible in what I do and to help where needed. I understand that my volunteer assignment is conditional.**

\* Full Name:

**Thank you for sharing with us your time. We will contact you upon receipt of this application. If you do not hear from us within 48 hours, please contact us at 571-338-2097.**