



Individual Volunteer Registration

APPLICANT INFORMATION

Last Name	First	Prefix	Date
Mailing Address		Email	
City	State	Zip	
Home Phone	Cell Phone	Please Circle: Male Female	

Check the areas you are most interested in:

Administration/Office Support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Communications/Marketing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adult Meal Ministry	Yes <input type="checkbox"/> No <input type="checkbox"/>	Field Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Care Center	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grants/Fund Raising	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children Ministries	Yes <input type="checkbox"/> No <input type="checkbox"/>	Construction/Maintenance/Repair	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Projects/Community Events	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grounds/Landscape	Yes <input type="checkbox"/> No <input type="checkbox"/>

AVAILABILITY (BEST DAYS AND TIMES FOR YOU)

Monday	Morning	Which applies to you?	
Tuesday	Afternoon	Permanent Resident	Since date?
Wednesday	Evening	Seasonal Resident	Dates?
Thursday	Flexible	Short-Term Visitor	Dates?
Friday	At-Home	Part-time	
Saturday	Available Anytime	Full-time	

SPECIAL SKILLS, INTERESTS (WHAT IS YOUR PASSION? WHAT DO YOU LIKE TO DO?)

EMERGENCY CONTACT

Full Name	Relationship
Phone ()	Work Phone ()
Address	
Full Name	Relationship
Phone ()	Work Phone ()
Address	

I acknowledge that the facilities and services of the Lighthouse are available to the public, including persons who may have substance abuse, mental illness, physical illness, or behavior problems, that the applicant assumes all risks to health, safety, and personal property, and agrees to hold the Lighthouse harmless from any claims that may otherwise be made as a result of participation in the Lighthouse ministry and facilities.

Applicant Signature _____ Date _____

- I would like to receive the Lighthouse newsletter I would like to receive e-news communication