lovli life
Love Boldly. Live Intentionally.

443-267-4120
info@lovlilife.org
www.lovlilife.org

PERSONAL INFORMATION

Name

Date of Birth

Address

Phone

Email Address

Preferred Method of Contact: ☐ Text ☐ Phone Call ☐ Email ☐ Smoke Signal

AVAILABILITY

☐ Sunday	FROM: _____ (AM/PM)	TO: _____ (AM/PM)
☐ Monday	FROM: _____ (AM/PM)	TO: _____ (AM/PM)
☐ Tuesday	FROM: _____ (AM/PM)	TO: _____ (AM/PM)
☐ Wednesday	FROM: _____ (AM/PM)	TO: _____ (AM/PM)
☐ Thursday	FROM: _____ (AM/PM)	TO: _____ (AM/PM)
☐ Friday	FROM: _____ (AM/PM)	TO: _____ (AM/PM)
☐ Saturday	FROM: _____ (AM/PM)	TO: _____ (AM/PM)

Do you prefer to work: ☐ Individually OR ☐ With a team

INTERESTS

Areas of interest for volunteering:

Reasoning:

SKILLS AND EXPERIENCE

Special skills or qualifications:

Previous volunteer experience:

Any specific certifications or training:

REFERENCES

Name

Phone

Email

Relationship

One reference is mandatory - Additional reference is optional

Name

Phone

Email

Relationship

EMERGENCY CONTACT

Name

Phone

Relationship

ADDITIONAL INFORMATION

Please provide any additional information you would like to share with us.

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature: _____ Date: _____