Christopher Lamont Cosper Foundation

Lightning Strikes Building Futures Program

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**Volunteer Application Form**

**Personal Information**

* **Full Name:**
* **Date of Birth:**
* **Email Address:**
* **Phone Number:**
* **Address:**

**Availability**

* **Days Available:** (Please check all that apply)
	+ [ ] Monday
	+ [ ] Tuesday
	+ [ ] Wednesday
	+ [ ] Thursday
	+ [ ] Friday
	+ [ ] Saturday
	+ [ ] Sunday
* **Times Available:** (Please specify hours)

**Volunteer Interests**

* **Areas of Interest:** (Please check all that apply)
	+ [ ] Administration
	+ [ ] Event Planning
	+ [ ] Fundraising
	+ [ ] Community Outreach
	+ [ ] Tutoring/Mentoring
	+ [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skills and Experience**

* **Relevant Skills and Experience:**

**Emergency Contact**

* **Full Name:**
* **Relationship:**
* **Phone Number:**

**Consent**

* **By submitting this form, I agree to abide by the policies and guidelines of the organization.**
* **Signature:**
* **Date:**