



Application: Life Support Volunteer

Name: _____ Date: _____

Address: _____
Street Address City State Zip Code

Phone: (H) _____ (C) _____

Email address: _____

Date of Birth: _____ SS #: _____

Name of Church (if applicable): _____

Other Community Organizations and Affiliations:

Languages spoken: _____

Please check the opportunities you are most interested in:

Administrative
(Lifeline office only)

- Mailings
- Data Entry
- Clerical (filing, making copies)

Material Aid
(Primarily at Lifeline)

Material Service Support Volunteer

Development and Special Events
(Lifeline office or Special Event Site)

- Special Events Committee
- Baby Bottle Campaign
- Church Liaison
- Assist with Banquet
- Transport Giving Tree items

Assist at Special Events

General Repair

Deliveries

Maintenance
(Various locations)

Prayer Team
(From home: must have access to email)

Gardening and yard work

Pray for clients vulnerable to abortion

Cleaning

Pray for specific needs for Lifeline

Restocking supplies

Painting

Please list other skills that you wish to utilize as a volunteer of Lifeline:

When are you available to volunteer? (e.g., day of the week, daytime/evening, number of times/month)

Would you like to come in on a regular schedule, or be contacted as needed?

Regular schedule

As needed

Notes (office use only):

Office Use Only:

Enter in Database

Create File