



Lynn Economic Opportunity, Inc.
VOLUNTEER APPLICATION

PERSONAL INFORMATION	
Name	
Address	
Phone	(H) (W)
Email	
Which languages do you speak other than English?	
Current Employer/Position (If Applicable)	
VOLUNTEERING INFORMATION	
What type of volunteer work interests you?	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Administrative/Clerical</div> <div style="width: 50%;"><input type="checkbox"/> Classroom Assistant</div> <div style="width: 50%;"><input type="checkbox"/> Labor</div> <div style="width: 50%;"><input type="checkbox"/> Teaching/Tutoring</div> <div style="width: 50%;"><input type="checkbox"/> Professional</div> <div style="width: 50%;"><input type="checkbox"/> Income Tax Counseling</div> <div style="width: 50%;"><input type="checkbox"/> Computer/Technical</div> <div style="width: 50%;"><input type="checkbox"/> Other (please describe) _____</div> <div style="width: 50%;"><input type="checkbox"/> Other (please describe) _____</div> </div>
What skills do you hope to obtain/build through volunteering?	
List Previous Volunteer Experience	
What Groups Would You Like to Work With?	<input type="checkbox"/> Pre-School Age <input type="checkbox"/> Youth (Jr. High/ High School Age) <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Non-English Speaking
Which LEO Programs are You Interested in Working With?	<input type="checkbox"/> Kitchen <input type="checkbox"/> Housing <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Weatherization <input type="checkbox"/> Other

Times I am available to volunteer:	Monday	Tuesday	Wednesday	Thursday	Friday	Week End
Morning						
Afternoon						
Evening						
Total Number of Hours						
What Type Of Volunteer Assignment Would You Prefer (Check One)?	<input type="checkbox"/> Same Times Each Week <input type="checkbox"/> Call Me for Special Projects					
Do You Prefer to Work Alone or in a Group?	<input type="checkbox"/> Alone <input type="checkbox"/> In a Group <input type="checkbox"/> Either					
Emergency Contact	Name _____ Relationship _____ Phone _____					
Two Personal/ Volunteer References	1) Name _____ Relationship _____ Phone _____ 2) Name _____ Relationship _____ Phone _____					
Are There Any Special Considerations That Affect Which Volunteer Position You Would Be Placed In? (e.g. Disability, Transportation, etc.)						
How Did You Hear About Volunteering at LEO?						
<p>Release of information</p> <p>I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. A criminal background check may be required for some positions. I further understand that I may withdraw my application at any time. I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that a false answer to any question may be grounds for discharge.</p>						
_____ Signature				_____ Date		