



VOLUNTEER REGISTRATION FORM

Please mark an "X" where appropriate and print/type the appropriate information.

Personal Data:

Name: _____

Address: _____

Email: _____

Telephone: _____ Cell: _____

Age: Teen (14+) ___ Adult (19+) ___ Senior (65+) ___

Level of desired commitment: Occasional ___ Weekly ___ Monthly ___

I am available: Weekdays ___ Weeknights ___ Weekends ___

My skills/interest/hobbies are: _____

Volunteer/Work Experience:

Work Experience: _____

Previous Volunteer Experience: _____

Present occupation: Student ___ Employed ___ Self Employed ___ Unemployed ___ Retired ___

If you are a student, in what field are you studying? _____

(Volunteering can count as work experience and can provide you with a letter of reference)

What are you looking for in volunteering?

___ Become a better steward of our local environment;

___ Learn about the LRCA and advance its mission.

___ Other _____

Thank you for taking the time to complete this Volunteer Questionnaire!
Please send this completed form to:

LRCA
Attn: Volunteer Coordinator
P.O. Box 368, Scranton, PA 18501-0368
570-347-6311 memvol@lrca.org www.lrca.org