



Changing Lives

VOLUNTEER INTEREST FORM

Name (FIRST, LAST) : _____

Email: _____ Phone: _____

Mailing Address: _____

City, State, Zip-code: _____

How did you learn about L.A.M.P.? _____

Inspiration: (check all that apply)

- To share my skills and/or experience
- To acquire new skills and/or experience
- For personal fulfillment
- Court Appointed Service Hours
- Other _____

In which areas do you wish to volunteer? (Check all that apply)

- Administrative Fundraising/Events Marketing/PR Afterschool Program
- Adult Education Program Community Outreach Events Youth and Gang Prevention
- Other _____

When are you available to volunteer?

- Weekday AM Weekday Afternoon Weekends As Needed After-Hours/Remotely

Please share your skills and experience with us:

Are you employed? Yes No Employer: _____.

Are you a student? Yes No Educational Institute: _____.

Please list your previous volunteer experience.

Have you ever been convicted of, plead guilty or no contest to any crime in the past 7 years? No Yes

If yes, please explain (Year, City, Offense and Circumstance)

Emergency Contact

First & Last Name _____ Phone: _____

References

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please

In submitting this Volunteer Interest Form, I affirm that the facts set forth are true and complete. I understand that if I become a volunteer with L.A.M.P. Ministries I will be representing the organization and will represent L.A.M.P. Ministries in a positive manner.

Signature: _____ **Date:** _____

Once complete, please upload this form at www.lampga.org/volunteer.