



Lighthouse Charity Application & Volunteer Form

Youth Program Application

Participant Name:

Date of Birth:

Age:

Gender:

School Name:

Grade:

Parent/Guardian Name:

Phone Number:

Email Address:

Home Address:

Contact: lighthousecharity7@gmail.com | 205-276-7363

www.Lighthousecharity.net



Lighthouse Charity Application & Volunteer Form

City:

State:

ZIP Code:

Emergency Contact Name:

Relationship to Child:

Emergency Contact Phone Number:

Volunteer Sign-Up

Full Name:

Phone Number:

Email Address:

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Lighthouse Charity Application & Volunteer Form

Preferred Volunteer Role:

Availability (Days/Hours):

Home Address:

City:

State:

ZIP Code:

Parent/Guardian Permission Slip

Child's Full Name:

Parent/Guardian Full Name:

Signature of Parent/Guardian:

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Date:

Emergency Contact Information:

Special Notes or Allergies:

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