



VOLUNTEER APPLICATION

INSTRUCTIONS: Thank you for considering volunteering at No Longer Alone Ministries! Please carefully complete all fields below and sign the bottom of page two. Then, return to No Longer Alone Ministries, 630 Janet Ave Ste A107, Lancaster, PA 17601-4541. If you do not hear from NLAM within two weeks of sending your application, or if you have any questions, please call our Volunteer Coordinator at 717-390-4891, x 101.

Personal Information

Date: _____

Full Legal Name (First Middle Last):		
Maiden Name or Aliases used since 1975:		
Street:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Email Address:		Gender M F
Birth date:	If married, spouse's name:	
Employer and/or School:		
Languages, other than English, that you speak / understand:		

Vehicle Information FOR VOLUNTEER DRIVERS

Make of car:	Model of car:
Color of car:	License Plate #:

Emergency Contact

Name:	
Phone:	Relationship to you:

Volunteer Interest

Availability (please check all that apply)

Weekdays **Weekends** **Morning** **Afternoon** **Evening**

Certain day / times only: _____

Frequency (please check all that apply)

1x/week **2x/month** **special projects as needed**

Task Interests

office help

(stamping, sealing, shredding,
collating, etc)

cleaning

(helping with annual cleaning)

snack preparation

(for support groups or board mtgs)

Background

Do you regularly attend a local church? If so, where? How are you involved?

In connection with my voluntary involvement with No Longer Alone Ministries (NLAM), a non-profit charitable organization, I hereby agree to release and discharge NLAM, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and / or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold NLAM harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I agree to comply with NLAM policies that every person associated with NLAM has the right to privacy in all matters. Any and all information concerning or identifying a donor, client, or former client, is confidential and is not to be disclosed without proper authorization. Photographing clients is prohibited unless prior arrangements are made with the Volunteer Coordinator.

Signature _____ **Date** _____

Witness _____ **Date** _____

**Thank you for completing the Volunteer Application. Please return to:
Volunteer Coordinator, NLAM, 630 Janet Ave Ste A107, Lancaster, PA 17601-4541.
Phone: 717-390-4891, FAX 717-490-4894, email: office@nlam.org**