

## **VOLUNTEER APPLICATION**

-	Desition Applied For	
4	Position Applied For	
	SECTION I	
Name	Email:	
Address		-
City	State Zip	
Phone:	Preferred Method of Contact:	
	SECTION II	
Previous Volunteer Expe	erience	
	3	
Occupation (Past occup	ation if retired):	
	ll help us make a good match (such as education, general	



## SECTION III

Availability and Volunteer Assignment Preferences
What is your availability? (Example: Monday mornings, etc):
What impact do you hope to make on the organization by giving your time?
Are you interested in volunteering in a Leadership Capacity? (Committee Chair, Board, etc) If so, where do your interests lie?
SECTION IV
Do You Have A Valid (State) Driver's License? Yes No
License Number:
Have you ever been convicted of a crime? Yes No
If Yes, Please Explain:
Do You Have Any Physical Condition that May Limit Your Activities? Yes No
If Yes, Describe:
All volunteers who work around children must undergo a criminal background check. Do you authorize LHF to do so if it is required for your position? YES NO
Emergency contact Relation:
Telephone Number:



I hereby attest that all the above information is correct. I understand that this application is just one part of the application process and that LHF reserves the right to deny appointment of volunteers to specific positions based on the application process.

Applicant Printed Name:				
Signature:				
THANK YOU for your interest in volunteering with Louisiana Hemophilia Foundation! We will contact you within 2 business days of receiving your application.				
Please return:				
Email <u>Director@LaHemo.org</u>	Fax (225) 291-1679			
Mail 3636 S. Sherwood Forest Blvd, Suite	390 Baton Rouge, LA 70816			