



**LEWC Inc. VOLUNTEER APPLICATION FORM**

**SECTION I**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**SECTION II**

**List Previous Volunteer Experience**

\_\_\_\_\_  
\_\_\_\_\_

**Occupation** (Past occupation if retired): \_\_\_\_\_

**Do you currently have an active Certification or License:** \_\_\_ Yes \_\_\_ No

**Please list all past and current Certifications or Licensure:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other information that will help us make a good match:**

(such as education, general interests/hobbies)

\_\_\_\_\_  
\_\_\_\_\_

**Are You Bilingual:**  Yes  No

**Languages Spoken:** \_\_\_\_\_

**Do You Have Experience As A Translator:**  Yes  No

**Section III**

**Availability and Volunteer Assignment Preferences**

Please Check All That Are Applicable:

**I Am Available:**  Mornings (Mon-Fri)  Afternoons (Mon-Fri)  Evenings (Mon-Fri)  
 Weekends  Once A Week  More Than Once A Week  As Needed  One Time Only

**Please List Availability/Preferred Volunteer Times:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**OTHER**

**I Could Serve/Collaborate With More Than One Person:**  Yes  No



**SECTION IV**

**Do You Have A Valid (State) Driver's License?** Yes No

License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Vehicle License Plate Number \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise?**

Yes No

If Yes, Please Explain:

---

---

**Do You Have Any Physical Condition that May Limit Your Activities?**

Yes No

If Yes, Describe: \_\_\_\_\_

---

**Who To Notify In Case Of An Emergency?**

1. \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

---

2. \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

---

**SECTION V [ References ]**

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Comments:



I, \_\_\_\_\_ affirm that the above answers are true and complete to the best of my Knowledge. I authorize Life's Energy Wellness Center Inc, to investigate any statement contained in this application, and to obtain a background check, and certification/license verification as necessary to determine my qualifications. I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

I understand that this volunteer applications is not intended in any way to be any kind of contract or agreement. In the event of selection as a volunteer, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate separation. I understand also, that I am required to abide by all regulations, policies, procedures, rules and requirements of Life's Energy Wellness Center Inc.

---

Signature Of Volunteer Applicant

---

Date

**Mail To:**

P.O. Box 123

Easton, MD 21601