



L'ARCHE ERIE INC.

3745 West 12th Street - Erie, PA 16505 - Phone: (814) 452-2065

VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL: _____

COLLEGE/UNIVERSITY: _____

DEGREE: _____ MAJOR: _____

LIST ANY OTHER SCHOOLING OR TRAINING YOU HAVE HAD: _____

DO YOU DRIVE? _____ IF SO, DRIVER'S LICENSE #: _____ STATE: _____

How did you hear about L'Arche? _____

Why do you wish to become involved with L'Arche? _____

As a volunteer, list skills, interests, or types of work you feel you could offer to L'Arche. _____

What days and times are you most available? _____

REFERENCES

Please provide 3 references excluding relatives.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

I hereby give L'Arche Erie, Inc. permission to contact the employers and references listed on this application.

Signature: _____ Date: _____