

Share of Lancaster

Volunteer Application Form



Contact Information

Name: _____

Phone: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____

Email: _____

Volunteer Position Information

What kind of volunteer work are you interested in offering Share of Lancaster?

- Burials Events Clerical Social Media Website Bookkeeping

Do you have any special skills that you would like to use for Share of Lancaster?
(language, vocation, graphic design, bookkeeping, etc.)

What experience do you have in this area?

What days will be available? Sun Mon Tue Wed Thu Fri Sat

What time of day are you available? morning afternoon evening

Work Experience

Current Employer (if retired list last employer):

Emergency Contact Information

Emergency Contact: _____

Relation to Contact: _____

Phone: _____

Signature: _____

Date: _____

Share of Lancaster does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.