



Life Enrichment Center
Because everyone has value.

Volunteer Application

425 N. Findlay Street, Dayton, OH 45404
Phone: 937-252-5700 Fax: 937-424-0677

Personal Information

Name: _____ Application Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Alternate Number: _____

E-mail: _____

Birthday: _____

Name of your Church, if applicable: _____

Which volunteer role do you wish to serve? _____

How did you hear about the Life Enrichment Center? _____

Please check the day(s) and provide times you are available to volunteer:

Monday From: _____ To: _____ Thursday From: _____ To: _____

Tuesday From: _____ To: _____ Friday From: _____ To: _____

Wednesday From: _____ To: _____

Employment History

Current Employer: _____ From: _____ To: _____

Previous Employer: _____ From: _____ To: _____

Educational History

Educational Background: _____

Are you a student? Yes No Is the volunteer work required for school? Yes No

If yes, how many hours are required? _____

Additional Information

Professional Training or Certifications (special skills, licenses etc.): _____

Community Affiliations (clubs, service organizations, etc.): _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone Number: _____

NOTIFICATION AND AGREEMENT (Please read before signing)

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application including any other accompanying or required documents will be cause for denial of volunteer opportunities or dismissal from volunteer role, regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date