



Lions World Services for the Blind Volunteer Services Application

Name _____
Address _____
City _____ State _____ Zip _____
Phone-Daytime _____ Evening _____
Social Security Number _____
In Case of Emergency, Notify _____ Phone _____
E-mail address _____
Position Applying for _____
Are you willing to drive? Yes No (If yes, there must be a copy of your Driver's License and Driving Record on file with the Volunteer Coordinator.)

AVAILABILITY

Am flexible Prefer weekdays Prefer weekends Prefer days Other

EDUCATION

Highest Level of Education Completed _____
Are you currently a student? _____

EMPLOYMENT EXPERIENCE

Company _____ Position _____
Supervisor _____ Dates _____
Address _____ Phone Number _____

Company _____ Position _____
Supervisor _____ Dates _____
Address _____ Phone Number _____

VOLUNTEER EXPERIENCE

Organization _____ Position _____
Supervisor _____ Dates _____
Address _____ Phone Number _____

Organization _____ Position _____
Supervisor _____ Dates _____
Address _____ Phone Number _____

Membership in Professional or Civic Organizations _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? _____

If yes, please explain: _____

By signing below, you certify that all information contained within this application to be true and accurate. Any omission or misstatement of fact is grounds for immediate dismissal from the volunteer program.

Signature _____ Date _____

Please return this form to: LWSB Volunteer Coordinator
2811 Fair Park
Little Rock AR 72204
Fax: 501/664-2743