



Lifespan Resources
404-237-7307
www.lifespanatlanta.org

Volunteer Application

Name: _____ Today's Date: _____
Please Print

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Other Phone: _____

Birthday: _____ Email: _____
Month/Day

Religious Affiliation (optional): _____ Referred By: _____

Currently Employed: Yes No Does your company have community partnership? Yes No

Present Job: _____ Employer: _____

Have you ever been convicted of any offense by a civilian or military court? Yes No

Are you under charges for any offenses or are there any civil suits or judgments pending against you? Yes No

Are you now on probation or parole? Yes No

Hobbies, interests, skills _____

Previous volunteer experience (Agency/type of volunteer work) _____

SELECT APPLICABLE VOLUNTEER INTEREST:

- Become an MET Driver
- Lifespan Academy Instructor for Thursday classes

FOR MEDICAL ESCORT TRANSPORTATION VOLUNTEERS ONLY

AVAILABILITY:

Hours per week/month (specify) _____ Preferred Days _____

_____ Weeks: 1st, 2nd, 3rd, 4th, 5th

Driver's License # _____ State _____ Exp Date _____

Your Insurance Carrier _____ Exp Date _____

LIFESPAN's Insurance Carrier is The Hartford Insurance Company, Polic # 2015-26920

References

Name	Contact Information
1.	Home: Cell: Email:
2.	Home: Cell: Email:
3.	Home: Cell: Email:

I agree to have LIFESPAN Resources, Inc. contact references listed and that all other information provided is to the best of my knowledge.

Volunteer Signature

LIFESPAN Staff Signature

Date

Date

Please attach a copy of your driver's license and insurance card and return to:

LIFESPAN Resources, Inc.
3003 Howell Mill Road
Atlanta, GA 30327

**website: lifespanatlanta.com Email:
peggy@lifespanatlanta.com**

Notes: _____

