

**VOLUNTEER APPLICATION/ info@L-i-L-Y.org**

**Tel. 917-775-1199 | Address: LiLY, Post Office Box 250402; New York, NY 10025**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

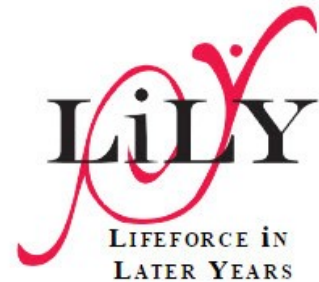
Phone \_\_\_\_\_ Second phone \_\_\_\_\_

Email \_\_\_\_\_

**Volunteer interests:** \_\_\_ to pay regular visits/ help an elder occasionally in Morningside Heights or W. Harlem in Manhattan; \_\_\_ to help write a newsletter; \_\_\_; fundraising \_\_\_; to public relations \_\_\_; to help with LiLY's annual Legacies gala \_\_\_

**Availability**

	Day of Week	Times of Day
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____



Work experience \_\_\_\_\_

Special interests/skills \_\_\_\_\_

Please supply us with the names of two character references (use back if more room needed):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Your emergency contact person: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)