



VILLAGERS LIFE CARE ADVOCATES

Volunteer Application

Name: _____

Address: _____

City, State, Zip: _____

Village: _____

Home Phone _____

Cell Phone: _____

Email address: _____

Special skills or qualifications: _____

Interests: ___ Computer skills ___ Web page ___ Events

 ___ Phone calls ___ Marketing/soliciting

 ___ Other _____

Would you be willing to be a Neighborhood/Village representative: _____

Emergency contact: _____

Phone # (s): _____, _____

Signature: _____

Date: _____