

# Volunteer Application

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First & Last Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Which phone number do you prefer we call?

Home \_\_\_\_\_

Cell \_\_\_\_\_

Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

What are your interests in volunteering with Mourning Light? *(You may select as many choices as necessary.)*

Fundraising

Prepare Food

Clerical Assistance *(Thank You Notes, etc.)*

Housekeeping

Home Visits

Phone Calls

Events in Community

Other

Please list any strengths or interests you may have that would be beneficial to this organization while volunteering.

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Please list two personal references that are non-family members. *(Please include name, address, phone number, relationship and years known.)*

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Please list a personal reference that is a family member. *(Please include name, address, phone number, relationship and years known.)*

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How did you hear about our organization?

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- You are attesting that all information on this form is correct to the best of your knowledge.
- Upon final approval as a volunteer and upon acceptance into the Mourning Light Foundation, I understand:  
*I agree that any actions taken by me, as a volunteer, which are contrary to the instructions I am given on any assignments related to the organization, make me solely liable for any consequences of said contrary actions. I agree to hold harmless and indemnify the Board of Directors of Mourning Light from any costs or damages incurred by me or a third party as a result of my contrary actions.*

By placing your name and date below, you are signing this document.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_