

# Laura Walker Project Volunteer Application Form

_____ Your First Name	_____ Your Last Name	_____ Your Maiden Name	
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Home Phone Number	_____ Cell Phone Number		

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

Please describe any experience you have with children. \_\_\_\_\_

In what ways are you most interested in volunteering?

Tutoring    Driving    Mentoring    Direct Care    Nursery    Fundraising  
Cooking    Office Work    Outreach/Research    Cleaning    Other \_\_\_\_\_

Can you commit to volunteering a minimum of three hours each week? \_\_\_\_\_

Do you have Child Abuse Clearances? \_\_\_\_\_ Date of Clearances? \_\_\_\_\_

If you do not have your clearances, are you willing to pay the fee to get them (\$20)? \_\_\_\_\_

### Please list references other than family members

1. _____	_____	_____
Name	Address	Phone number
2. _____	_____	_____
Name	Address	Phone number
3. _____	_____	_____
Name	Address	Phone number

The information that I have provided above is correct. \_\_\_\_\_  
Signature Date

Please mail this form to Laura Walker Project 202 West Pine Street Grove City, Pa. 16127. If you have any questions please contact Krystal or Jessica at 724-264-4175.

[www.laurawalkerproject.org](http://www.laurawalkerproject.org)  
[www.momswithoutmoms.org](http://www.momswithoutmoms.org)