



LifePath Systems
1515 Heritage Dr., Suite 105,
McKinney, Tx. 75069

Phone: (972) 562-0190 FAX: (972) 562-8220

VOLUNTEER APPLICATION

NAME _____ GENDER _____ DATE OF BIRTH _____
 (Last, First, Middle)

ADDRESS _____ HOME PHONE _____
 (Street, City, State, Zip)

E-mail ADDRESS _____ CELL PHONE _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE#: _____ SOCIAL SECURITY # _____

DO YOU HAVE A PREFERENCE FOR TYPE OF SERVICE? CONTACT W/ INDIVIDUALS RECEIVING SERVICES

LIMITED CONTACT W/ INDIVIDUALS RECEIVING SERVICES SPECIAL PROJECT/EVENT ADVISORY BOARD

INDICATE THE DAYS AND TIMES YOU ARE WILLING TO SERVE:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

WHEN CAN YOU START _____

LIST ANY PREVIOUS VOLUNTEER EXPERIENCE AND/OR VOLUNTEER TRAINING _____

HAVE YOU EVER WORKED WITH:

Adults w/ a mental illness? _____ Adults/children/babies w/an intellectual developmental disability or delay?

AREAS OF INTEREST:

1. Please indicate your area preference, from 1 – 3, with 1 being your most preferred area:

- _____ Early Childhood Intervention
- _____ Intellectual and Developmental Disabilities/Delays
- _____ Mental Health

