



Volunteer Application

Date: _____

Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Birthdate: _____

Days & times I prefer to work: _____

Why I want to be a volunteer:

Previous experience as a volunteer? Yes___ No___

If yes, where?: _____

Please return application to:

Jerian Shaw

P.O. Box 1600

Richmond, KY 40476

Phone: 859-625-3446

Fax: 859-625-3535

jerianshaw@pattieaclay.org