

LOU 4th of July
Thursday, July 4, 2019

Volunteer Application

Name _____

Address _____

Cell Number _____ Email Address _____

Date of Birth _____

Emergency Contact Name and Number _____

Available Times (please check all that you committing to participate in):

_____ 7:00 a.m. – 10:00 a.m.
_____ 3:30 p.m. – 7:00 p.m.
_____ 7:00 p.m. – 10:00 p.m.

*****You must be able to volunteer during the entirety of the time
you have committed*****

Please list any limitations or special needs, to best assign your volunteer role: _____

Please return form to Family Crisis Services, no later than Friday, June 28.

Fax : (662) 234-9305

Email: info@oxfordadvocacy.org

In order to ensure the safety of our participants, background checks are performed on the volunteers, to make sure that they are not registered sex offenders or on the child abuse registry. All information will be safe and secure.

By signing below, I verify that all information is true and correct, and give Family Crisis Services permission to conduct a background check:

Printed Name

Signature

Date