

Volunteer Application



Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

E-mail Address: _____

Employer: _____

Current Profession: _____

Do you prefer to be contacted by: _____ E-mail _____ phone Phone contact preference: _____ home _____ work _____ cell

Indicate your volunteer interest: _____

Signature: _____ Date: _____

Mail this application to: Lakes and Pines Community Action Council, 1700 Maple Avenue East, Mora, MN 55051-1227
Or you may fax it to 320-679-4139

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