



<u>For Office Use Only</u>
Application Rcvd: ___ / ___ / ___
Staff Initial: _____
Withdrawal Date: ___ / ___ / ___
Staff Initial: _____

## Lowell Association for the Blind Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Past Volunteer Experience: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of emergency while you are volunteering, whom should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Release of Liability**

**I hereby release Lowell Association for the Blind at 169 Merrimack Street, 2<sup>nd</sup> Floor, Lowell, MA 01852, from any and all liability due to accident or injury, which might occur during my participation in volunteer activities.\***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Volunteers under the age of 16 years must be accompanied by an adult while volunteering.**

(See reverse side for volunteer positions and program times)



## VOLUNTEER POSITIONS

\_\_\_ TIC – Radio Reading Service (Monday – Friday, 9 AM – 12 PM)

\_\_\_ Youth Program (Social/recreational activities for ages 5-13, Weekends)

\_\_\_ Senior Youth Program (Social/recreational activities for ages 14-21, Weekends)

\_\_\_ Adult Program (Social/recreational activities for ages 22+, Tuesdays & Thursdays)

\_\_\_ VIP (Mentoring program, sighted guides, Weekends)

Day(s) & Hour(s) Available:

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Do you have a special talent you would like to share with our organization? Please give us a short description: \_\_\_\_\_

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### Return to:

Lowell Association for the Blind  
169 Merrimack St., 2<sup>nd</sup> Floor  
Lowell, MA 01852  
Phone: (978) 454-5704