



PO Box 11466, Memphis TN 38111-0466

<https://lisieuxcommunity.org/>

**Mission:** to provide support and education for women who have survived trauma, addiction, prostitution and life on the streets.

Our organization encourages the participation of volunteers who support our work. If you want to help us fulfill our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Special talents or skills** you have that you believe would benefit our organization:

\_\_\_\_\_

**In which areas you are interested in volunteering:**

\_\_\_\_ Administration \_\_\_\_ Events \_\_\_\_ Programming \_\_\_\_ Fundraising \_\_\_\_ Deliveries  
\_\_\_\_ Communication \_\_\_\_ Processing In-Kind Donations \_\_\_\_ Preparing Meals

**Please indicate your availability:**

\_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thur \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun

Times: From \_\_\_\_\_ (AM / PM) to \_\_\_\_\_ (AM / PM)

Physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

As a volunteer of the Lisieux Community I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, does not assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I will receive no monetary compensation.

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