



**LifePath Systems**  
**1515 Heritage Dr., Suite 105,**  
**McKinney, Tx. 75069**

**Phone: (972) 562-0190      FAX: (972) 562-8220**

**VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 (Last, First, Middle)

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 (Street, City, State, Zip)

E-mail ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DO YOU HAVE A PREFERENCE FOR TYPE OF SERVICE?      CONTACT W/ INDIVIDUALS RECEIVING SERVICES

LIMITED CONTACT W/ INDIVIDUALS RECEIVING SERVICES      SPECIAL PROJECT/EVENT      ADVISORY BOARD

INDICATE THE DAYS AND TIMES YOU ARE WILLING TO SERVE:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

WHEN CAN YOU START \_\_\_\_\_

LIST ANY PREVIOUS VOLUNTEER EXPERIENCE AND/OR VOLUNTEER TRAINING \_\_\_\_\_

HAVE YOU EVER WORKED WITH:

Adults w/ a mental illness? \_\_\_\_\_ Adults/children/babies w/an intellectual developmental disability or delay?

AREAS OF INTEREST:

1. Please indicate your area preference, from 1 – 3, with 1 being your most preferred area:

- \_\_\_\_\_ Early Childhood Intervention
- \_\_\_\_\_ Intellectual and Developmental Disabilities/Delays
- \_\_\_\_\_ Mental Health

