

Volunteer Form

Name: _____

Address: _____

City/State/Zip: _____

Tel. # _____ home _____ work _____ cell _____

E-mail address: _____

Age Group:

_____ secondary student (parent permission required)

_____ 18-29

_____ 30-55

_____ over 55

Volunteer Opportunity(ies) requested: _____

Reason for wanting to be a volunteer for LifeGarden:

Skills:

Total hours you can contribute: _____

Times Available: **M-F** **Sat** **Sun**

Mornings _____

Afternoons _____

Evenings _____

Please return to:
Jeff Gustafson, Volunteer Coordinator,
LifeGarden,
860 Bellows Ct.
Walnut Creek, CA 94596-5867