



Lovesick Lakes Native Women's Association

Volunteer Form

LLNWA would like to welcome and thank you for your interests in volunteering with our agency. We appreciate and respect the dedication of our volunteers and look forward to your time spent with us.

Date _____

Personal Information

First & Last Name: _____

Mailing Address: _____

Home Number: _____ Cell Number: _____

Are you over the age 18? Yes or No

Volunteer Interests

What would you be interested in helping with?

Circle all that apply

Board Member - Fundraising - Office Work - Community Programs

Traditional Teachings - Advisory Circle - Event Planning/ Helping

Other: _____

Emergency Contact Person: Name: _____

Relation: _____

Phone Number: _____

*** As volunteer at LLNWA you will need to provide a Criminal Record Check/
Vulnerable Screening prior to starting any volunteer work. Contact us for more
information ***

Send completed Form to:

Fax (705) 652-3939 or

Email: m.osborne@llnwa.com