

**Forest Lawn Heritage Foundation**  
**1411 Delaware Avenue, Buffalo, NY 14209**  
**Phone (716) 885-1600 Fax (716) 881-6482**  
**Flc@forest-lawn.com**

## APPLICATION FOR VOLUNTEER / DOCENT PROGRAM

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Are you 21 years or older?  Yes  No

**Education:** Highest Year Completed \_\_\_\_\_ Major \_\_\_\_\_

**Occupation:** Past \_\_\_\_\_ Present \_\_\_\_\_

If you have worked in any capacity, volunteer or otherwise, list where: [List references on reverse]

\_\_\_\_\_

What were your volunteer responsibilities?

\_\_\_\_\_

List any experience you have in teaching or working with groups:

\_\_\_\_\_

Circle the age level(s) you have worked with:

Children      Teenagers      Adults      Senior Citizens      Handicapped

What days of the week would you be able to volunteer (Sundays only for giving tours)?

M      T      W      TH      F      SA      SU

List the time of day you would be available to volunteer: \_\_\_\_\_

Are there any months that you are not available? \_\_\_\_\_

Are you available to donate at least 40 hours of volunteer time during the coming year?

Yes  No

List any skills (i.e. computer, public speaking, fluency in a foreign language, etc.)

\_\_\_\_\_

\_\_\_\_\_

In which capacity you would like to volunteer at Forest Lawn? \_\_\_\_\_

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

**REFERENCES**  
**FOREST LAWN'S VOLUNTEER / DOCENT PROGRAM**

1) Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2) Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3) Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_