

# Bernie Lorenz Recovery

## Volunteer Application

(Please type or print legibly. Instructions for mailing are shown below.)

Name:

Date:

Are you 18 or older?      Yes      No

How would you prefer to be contacted?

Phone (Home):

(Mobile):

(Work):

E-mail:

Mailing Address:

Are you a student?      Yes      No

How did you learn about Bernie Lorenz Recovery's volunteer program?

What interests you in volunteering at BLR?

What types of volunteer opportunities would you like to participate in at BLR?

Please describe any education, employment or volunteer experiences, as well as any skills or talents that would benefit BLR.

What days and times are you available to volunteer?

Thank you for your interest in volunteering at BLR. Applications can be mailed to the following address:

MECCA Services  
Attn: Ericka Johnson  
430 Southgate Ave.  
Iowa City, IA 52240  
(319) 351-4357