## **AAFLC** Volunteer Application



American Association For Lost Children, Inc. (AAFLC) is an awesome and unique missing children's charity that physically finds and rescues missing children operating strictly on tax-deductible donations.

## **Contact Information**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Email Address	
Availability During which hours a	are you available for volunteer assignments?
Weekday mo Weekday afte Weekday eve	ornings Weekend mornings
Interests Tell us which areas y	ou are interested in volunteering
AdministrationEventsField WorkDeliveriesPhoneNewsletter proVolunteer coor	oduction
Summarize special sk	or Qualifications will and qualifications you have acquired from employment, previous volunteer work, or es, including hobbies or sports.

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gender, sexual preference, age, or disability.



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	unteer Experience vious volunteer experience.
Person to No	tify in Case of Emergency
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Email Address	
Zilidii Tiddi ess	
Agreement ar	ad Signature
•	
	plication, I affirm that the facts set forth in it are true and complete. I understand that if I am er, any false statements, omissions, or other misrepresentations made by me on this
=	t in my immediate dismissal.
application may resul	t in my inimediate dismissai.
Name (printed)	
Signature	
Date	
Our Policy	
Our roncy	

Please return this form to: American Association For Lost Children, Inc., 539 Fred Rogers Drive, Latrobe, Pennsylvania, 15650 Email: aaflc@verizon.net Phone: (724-) 537 - 6970 Website: WWW.AAFLC.ORG

It is the policy of AAFLC to provide equal opportunities without regard to race, color, religion, national origin,

Thank you for completing this application form and for your interest in volunteering with us.