



The Maine Affiliate of
Services & Advocacy for GLBT Elders

Volunteer Application

Name: _____

Home Address: _____

Mailing Address (if different): _____

Phone: _____

Cell Phone (if different): _____

Email: _____

Hobbies, skills, and interests: _____

Type of activity you would like to volunteer for: _____

Availability (days and hours): _____

Any language(s) other than English spoken fluently: _____
