



PO Box 385454
Bloomington, Minnesota 55438-5454
(612) 437-9073
leechlakelegacy@gmail.com

Volunteer Application

Contact Information

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

If under 18, please state age: _____

Volunteer Interests

Transport

Outreach/Education

Marketing

Photography

Communications

Temporary Foster

Development/Fundraising

Graphic Design

Spay/Neuter Clinics

Leadership

How did you hear about Leech Lake Legacy?

Special Skills and/or Qualifications

Please list any special skills and/or qualifications you have acquired from employment, previous volunteer work or through other activities such as hobbies or sports that you can offer to Leech Lake Legacy.

Work and Volunteer Experience

What Kind of Vehicle do you drive?

Person to Notify in Case of Emergency

Name:

Phone Number:

Relationship to You:

Signature

If you are submitting this application via email, please enter your email address in lieu of your signature.

Name (print):

Signature:

Date:

Our Policy

It is the policy of Leech Lake Legacy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.