



Volunteer Application

Date _____

Name: _____ Date of Birth: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail address: _____

Best hours to contact you: _____

Availability:

Weekdays: _____

Evenings: _____

Weekends: _____

In what types of volunteer opportunities are you interested:

Emergency Contact (Name & Phone Number):

Lancaster County Department of Parks and Recreation
1050 Rockford Rd.
Lancaster, PA 17602
717-299-8215
Fax: 717-295-5942
parks@co.lancaster.pa.us
www.lancastercountyparks.org