



Volunteer Information Form

www.allianceforlifemissouri.com
info@allianceforlifemissouri.com

106 5th Ave. S, PO Box 65 Greenwood, MO 64034 Office: 816-806-4168 Fax: 855-856-5240

NAME: _____
(Last) (First) (M.I.)

Address: _____
(Street)

(City) (State) (Zip Code)

Home Number: _____ **Cell Number:** _____

Email: _____

Please check all boxes that apply:

SKILLS INVENTORY:

- Computer: Word Computer: Excel Computer: Publisher
- Writing-Newsletter Social Media — Facebook, Twitter, QR Codes
- General Office Skills Front Desk Skills Office Cleaning

AREAS OF INTEREST:

Are you interested in helping with planning/organizing a fundraiser? _____

- Trivia Night Donations

Please share with us why you are interested in volunteering with AFL _____

Please share additional interests, skills and abilities that you have _____

Thank you!

Our Vision: To unify and champion LIFE ministries
Our Mission: Saving and changing lives by **equipping** people, **empowering** ministries and **engaging** communities toward a culture of LIFE.

