



FRANCISCANS FOR THE POOR VOLUNTEER PROGRAM
60 COMPTON ROAD; CINCINNATI, OHIO 45215-5105
513-761-9040, EXT. 110, Chris Lemmon, Program Director
Website: www.FranForThePoor.org

Name: _____
 Address: _____
 City, State, ZIP _____
 Home & Cell phones: _____
 E-mail: _____
 Group: _____

Date of Birth: _____ Expected Graduation Year: _____
 Ethnicity: _____ Religious Preference: _____

Please those that apply

_____ Male	_____ Single	_____ Widowed
_____ Female	_____ Married	_____ Divorced

Please all those types of volunteer work you are interested in serving:

_____ Construction	_____ Day Care	_____ Food service
_____ Elderly	_____ Tutoring	_____ Food pantry

Are there any health considerations that could influence your placement and involvement in a volunteer program? _____

If yes, please describe: _____

Are you currently under the care of a physician? _____

List any prescription medications you are currently taking: _____

Signature of participant

Signature of Parent or Legal Guardian if under 18

Date