



Legacy Associates Foundation Community Service Volunteer Request Form

This document serves as a formal intent notice to volunteer for a specific program on behalf of Legacy Associates Foundation. Please fill out the appropriate fields detailing the work performed.

Volunteer/Participant Name: _____

Current Mailing Address: _____

Contact Numbers **Home:** _____ **Mobile:** _____

Email Address: _____

Organization: _____

Program Volunteering For: _____

Date(s) of Event: _____

Time(s) You Can Volunteer: _____

LAF Officer Name (Print): _____

LAF Officer Signature: _____

Print Name (Volunteer)

Signature (Volunteer)

Please return this form to a member of Legacy Associates Foundation or mail to:

Attn: Men of Legacy Associates Foundation
Volunteer Committee
65 Cadillac Square, Ste 2200
Detroit, MI 48226

“Good Men Doing Great Things”
Visit us at <http://www.legacyassociates.org>