

**INDIVIDUAL FORM  
FOR GROUP VOLUNTEER APPLICATION**

**LANCASTER TOWNSHIP BOARD OF SUPERVISORS  
1240 Maple Avenue | Lancaster, PA 17603**

An Individual Form is required for each person who will be *volunteering with a group*. Provide this form to the *Person in Charge of the Group*, who will submit the group application and individual forms in one packet.

**SCHOOL OR GROUP AFFILIATED WITH:**

--

**INDIVIDUAL INFORMATION:**

Last Name	First Name	MI

Over 18 yrs. of age:      Under 18 yrs. of age:

Current Address:
------------------

City:	State:	Zip Code:
-------	--------	-----------

Home Phone:	Cell Phone:
-------------	-------------

Email:
--------

**WHOM SHOULD WE CONTACT IF AN EMERGENCY ARISES?**

Name:	Relationship:
Home Phone:	Cell Phone:

Name:	Relationship:
Home Phone:	Cell Phone:

Name:	Relationship:
Home Phone:	Cell Phone:

**LIST ANY ALLERGIES OR OTHER INFORMATION WE SHOULD KNOW:**

--

Signature of Individual Group Volunteer

Date

If under 18, Signature of Parent/Guardian

Date