



FitSteps for Life® East Texas Volunteer Application

Name: _____ Date of Birth: _____
Address: _____ Home #: (____) _____
_____ Work #: (____) _____
_____ Cell #: (____) _____
Email: _____ Are you a participant in FSFL? Y N
If yes, how long? _____

How did you hear about FitSteps for Life®(FSFL)? _____

Have you ever volunteered before? _____ If yes, please describe. _____

Contact name and number? _____

Briefly describe previous and/or present employment experience.

Do you have any special interests, hobbies, or talents that would be beneficial to FSFL?

Do you have any physical limitations that may limit the volunteer work you can do? _____
If yes, please explain. _____

Do you currently hold a CPR certification? Y expires: _____ N