

Would you like to volunteer to help at Life Choices Clinic? Please fill out this short questionnaire and send it into the office. Be sure to include your contact information and someone will contact you.

Full Name:*

Please fill in your full name, both first and last.

E-mail Address:*

Address:

City:

State:

Zipcode:

Phone Number*

Daytime phone number where we could reach you.

Church Affiliation *

The church you attend.

Continue in the next column.

Area of Interest

The area you wish to volunteer.