



UGANDAN LAMBS ASSOCIATION USA

TO PROVIDE QUALITY CARE FOR GOD'S CHILDREN

Date of Application: _____

Please print legibly or type

Name (first, middle, last): _____

Address: _____

Telephone (home): () _____

Telephone (cellular): () _____

Email: _____

Why are you interested in volunteering for ULA-USA?

In what capacity do you wish to help? (Newsletters, mailings, budgets, filing, telephone calls, volunteer coordination, administration, data entry, fund raising, assist in Ugandan Lambs short-term projects, etc.)

What specific skills or training do you have? (Dentistry, nursing, graphics design, web design, social media, photography, well drilling, computers plumbing, construction, electrical, etc. Please list any professional licenses.)

Emergency Contact: _____

Telephone: _____

Signature: _____ Date: _____

ULA USA

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