



Volunteer Application

**Please return your completed form to Clear Texas Lakes at:
P.O. Box 271164 Flower Mound, TX 75027**

Name _____ Date _____

Telephone No. _____ Email _____

Address _____

City, State, Zip Code _____

How did you hear about the CTL?

Emergency Contact: Name _____ Telephone No. _____

What are your reasons for applying to volunteer at the Clear Texas Lakes?

Please specify any physical limitations that may influence your volunteer work activities:

• Are you a minor? Are you over the age of 10 accompanied by an adult? Yes No •

Are you willing to serve as a manager to see a project through to completion? Yes No •

Can you commit to volunteer in blocks of time of 4 hours or more? Yes No •

Which days of the week and what times are you available to volunteer?

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Friday _____ Saturday _____ Sunday. Thanks for volunteering with

the Clear Texas Lakes!