



Lake Limerick Country Club Volunteer Application Form

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address City State Zip Code

Phone#: _____ **Email:** _____

The department are are volunteering for: Kitchen Dining Room Café
 Lounge Office Golf/Pro Shop

If Applicable, Food Handlers Permit #: _____ **Expiration Date:** _____
Copy will be required.

If Applicable, MAST Permit #: _____ **Expiration Date:** _____
Copy will be required.

If required as stated in the Information on Supplementing Staff with Volunteers policy, I am concenting to performing a background check, prior to volunteer duties being assigned.

YES, Initial: _____ NO, Initial: _____

Emergency Contact Information:

Name: _____ **Phone#:** _____

Volunteer Signature Date

Staff Signature Date

Turn in the original form to the Office: 790 E Saint Andrews Drive, Shelton WA 8584
360.426.3581
Mail@LakeLimerick.com

OFFICE USE ONLY

- Copy of Food Handlers Permit
- Copy of MAST Permit
- Copy of Identification
- Background Check Ran

Approved _____ Not Approved: _____
If not approved, explain: _____

General Manager Signature: _____ Date: _____