

Lifelong Learning Name Badge Order

Badge Authorized by _____ Date _____

Circle one: Bd. Of Directors, Volunteer Coordinator, Classes, Lectures, Lobby, Special Programs, Trips

Volunteer's Badge Information

Name as it will appear on Badge: **(Please print name)**

Email: _____ **Phone** _____

Spell Checked by _____ *Date:* ___/___/___

Type of Back (check one) Magnetic Bulldog Clip

New Volunteer Badge (*Complimentary*)

Replacement Badge \$10.00 Payment: Cash Ck # _____

Please have Volunteer sign when receiving their Badge.

Date Picked Up ___/___/___ Volunteer's Signature _____

For Badge Coordinator Only

Badge Ordered By _____ **Date** _____

Picked up From Vendor by _____ **Date** _____

Available for Pick-up at LL Center ___/___/___

Volunteer Contacted ___/___/___ **By** _____