The Lending Room Volunteer Application (ver 4.2026)

The Lending Room is a nonprofit 501c3 organization whose mission is to accept and distribute gently used medical equipment to anyone requesting it regardless of income or insurance. We are an all-volunteer organization. Thank you for your interest in joining our team.

Name: _____ Date:_____

Phone number:_____ Cell: _____

E-mail address:_____ DOB: _____

Mailing Address:

_____

_____

How did you learn of The Lending Room? _____

Do you have any experience with medical equipment? (Please explain)

_____

_____

Other volunteer experience:_____

_____

Are you interested in working in our showroom or in working with our pickup team? (circle one)

What are your work day preferences? M T W Th F

References: Please list the names and contact information of two references who you have known for a minimum of one year and who are not related to you.

1. Name: _____

   Phone number: _____

2. Name: _____

   Phone number: _____

Please email or text the completed application to our Volunteer Coordinator at: barbfoy2@gmail.com or 314-660-4233. Feel free to call if you have questions.