



Michelle Mittelsteadt  
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**APPLICATION FOR VOLUNTEER SERVICE**

<b>Name:</b> _____	<b>Home Phone:</b> _____
Last                    First                    MI	
<b>Home Address:</b> _____	
Street  City  Zip	
<b>E-Mail:</b> _____	<b>Date of Birth:</b> _____
	<b>Age:</b> _____
<b>Church:</b> _____	
<b>Emergency Contact:</b> _____	
Name	Relationship
<b>Telephone: Home:</b> _____	<b>Work:</b> _____

**How did you hear about our Volunteer Program? (Circle one)**

Friend      Volunteer      R.S.V.P.      Church      Website      Newspaper      School

**Occupation or previous employment:** \_\_\_\_\_

**Education/Training:** \_\_\_\_\_

**Do you have any hobbies/skills/special interests you would like to share with us?** \_\_\_\_\_

**Please list two references with whom you are not related.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list any health/physical limitations/considerations (walking, lifting, etc.):** \_\_\_\_\_

**Please list your availability to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Spec. Events
Morning								
Afternoon								
Evening								

I certify that all information provided by me in support of my application for the LutheranLiving Services Volunteer Program is true and correct to the best of my knowledge. I understand that any misrepresentations, omissions, false or evasive information, may result in denial of acceptance into the program or be cause for subsequent dismissal if I am accepted.

I authorize LutheranLiving Services, Inc. to investigate my responses on this application and contact any or all of my references for the purpose of obtaining information, whether favorable or unfavorable.

I understand that upon applying for volunteer service with LutheranLiving Services, I will be subject to an interview and placement by the Volunteer Services Department in a position mutually agreed upon by both parties. I understand that all volunteers are subject to a ninety (90) day probationary period and that any volunteer can be terminated for just cause at any time.

I understand that acceptance into the LutheranLiving Services Volunteer Program will be contingent upon a satisfactory criminal background investigation.

Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY INTERVIEWER**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Comments: \_\_\_\_\_

Accepted for Position \_\_\_\_\_ Not Eligible for Position \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_