

STUDENT APPLICATION FOR VOLUNTEER SERVICE Michelle.Mittelsteadt@thelutheranhome.org
(17 years and younger)

Name: _____ Last First	Home Phone: _____	
Home Address: _____ Address City Zip		
E-Mail: _____	Date of Birth: _____	Age: _____
School: _____	Current Grade: _____	
Church Affiliation: _____		

Why are you interested in volunteering? _____

Have you ever been associated with elderly people? If yes, describe.: _____

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

Do you belong to any organizations or clubs? If yes, describe: _____

Please list a reference with whom you are not related. (A teacher, guidance councilor or minister would be an ideal reference.)

Name: _____ **Relationship:** _____ **Phone:** _____

Are you volunteering for credit? _____ **Hours Needed:** _____ **By:** _____

Name of the Program: _____

Program Supervisor: _____ **Phone:** _____

(Please note: Student volunteers must disclose need for credit before acceptance into the program.)

Please list your availability to volunteer.

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

PARENT PERMISSION (Required for all volunteers under 18 years of age.)

I hereby give my permission for my son/daughter _____ to participate in the Student Volunteer Program with LutheranLiving Services. To best of my knowledge, this child is in good health, and is free from communicable disease.

Check one of the following:

_____ Attached is proof of a recent TB skin test.

_____ I give my permission for him/her to be given a TB test by the Lutheran Home nurse. I acknowledge that this test must be read (checked) 48-72 hours after it is given and I agree to have my child return to the Lutheran Home to have this done.

_____ This student will be volunteering 10 hours or less. (TB test not required)

In case of an emergency and I cannot be reached, I do _____ do not_____ give my permission to use your best judgment and have treatment started.

Signed: _____

Relationship to the Child: _____ Date: _____

Home Phone: _____ Work Phone: _____

Medications/Allergies we should be aware of: _____