L&H | LUTHERAN HOME & HARWOOD PLACE

Elizabet Stewart
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and Volunteer Services
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APPLICATION FOR VOLUNTEER SERVICE

Name: _____ **Home Phone:** _____
Last First

Home Address: _____
Address City Zip

E-Mail: _____ **Date of Birth:** _____ **Age:** _____

Emergency Contact: _____
Name Relationship

Telephone: Home: _____ **Work:** _____

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	Spec. Events
Morning 10:30-11:30						
Afternoon 1:30-3:30						

I certify that all information provided by me in support of my application for the Lutheran Home 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 Lutheran Home 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 Lutheran Home, 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 Lutheran Home 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: _____