



**Lutheran  
SeniorLife**  
**Volunteer Application**

**Please print**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Best Time to Call \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Employment/School Record**

Employer Name \_\_\_\_\_  
(If not currently employed, please list last employer)

Employer Phone # \_\_\_\_\_

Your Job Title \_\_\_\_\_

Does your employer offer a volunteer donation matching program? \_\_\_\_\_

Name of School (if currently attending) \_\_\_\_\_

Is this required for school? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**General Information**

What is your reason for volunteering if not school related? \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Are you a member of an organization, group, or club? \_\_\_\_\_ If so, provide name of organization (Optional)

Have you ever been convicted of a felony? \_\_\_\_\_ If so, explain. \_\_\_\_\_

Have you ever applied for a position, volunteered or worked at the site you are applying for or within the Lutheran Seniorlife system previously? \_\_\_\_\_

If yes, when and in what capacity? \_\_\_\_\_

**Volunteer Experience:**

Do you have previous volunteer experience? \_\_\_\_\_

Name of Organization \_\_\_\_\_

Volunteer Position Held \_\_\_\_\_

**Skills and Experience:**

Please check all that apply

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Valid Driver's License      | <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Computer Skills   |
| <input type="checkbox"/> Current CPR                 | <input type="checkbox"/> Creative Ideas        | <input type="checkbox"/> Photography       |
| <input type="checkbox"/> Organizational Skills       | <input type="checkbox"/> Physical Therapy      | <input type="checkbox"/> Nursing           |
| <input type="checkbox"/> Musical Ability             | <input type="checkbox"/> Work well with People | <input type="checkbox"/> Retail Experience |
| <input type="checkbox"/> Exercise/Fitness            | <input type="checkbox"/> Clerical              | <input type="checkbox"/> Office work       |
| <input type="checkbox"/> Experience with the Elderly | <input type="checkbox"/> Communication Skills  | <input type="checkbox"/> Arts and crafts   |
| <input type="checkbox"/> Dancing                     | <input type="checkbox"/> Electronics           | <input type="checkbox"/> Sports            |

Other (please explain) \_\_\_\_\_

**Availability**

(Please note that LIFE Programs in Armstrong, Beaver, Butler and Lawrence Counties operational hours are M-F, 8:30-5:00pm). Please specify days and times you would be available to volunteer.

Monday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Tuesday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Wednesday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Thursday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Friday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Saturday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Sunday \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

**Time Commitment**

How long of a commitment are you prepared to make? \_\_\_\_\_  
(3 months, 6 months, 1 year, ongoing)

How often would you like to volunteer? \_\_\_\_\_  
(Once a week, once a month, occasionally)

Are there any times of the year you are not available? \_\_\_\_\_  
(Such as vacation, out of town for holidays)

## **Emergency Contact Information**

**Who would you like us to contact in an emergency?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

## **References**

**Please list 2 references**

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone Number \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone Number \_\_\_\_\_ How do you know this person? \_\_\_\_\_

**Please share any other information about yourself that would help us with your placement as a volunteer (such as hobbies, skills, talents or other interests).**

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**I here by authorize the Volunteer Manager or Community Outreach Coordinator to contact the above named references to ascertain my suitability as a volunteer.**

**Disclaimer: Because we take our responsibility for patients and residents seriously, it is the policy of this organization to screen all prospective staff and volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants.**

**Minors ages 13-18 are required to fill out a parental permission form. Children under 13 years of age may not volunteer independently.**

**All applications will be checked against public websites for screening purposes.**

**At Passavant Community, with the exception of the Summer Teen program, application for college references must serve 30 hours within one year in order to receive a letter of recommendation which will be supplied on a letterhead by the Outreach Office. School project community service hours will be verified after providing 20 service hours within one year**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**