



## Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Email address: \_\_\_\_\_

### Employment/School Record

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

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

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

Is volunteering a requirement for school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### General Information

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

Are you a member of an organization, group or club? \_\_\_\_\_ If so, please provide organization name: \_\_\_\_\_

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

Have you ever applied for a position, volunteered or worked at any Lutheran SeniorLife site previously? \_\_\_\_\_

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

### Volunteer Experience

Do you have previous volunteer experience? \_\_\_\_\_ If yes, when and in what capacity? \_\_\_\_\_

Volunteer Position Held: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

List any special skills/experience (ex: card games, crafting, music, etc.) \_\_\_\_\_

### Time Commitment

How long of a commitment do you want to make? (3 months, 6 months, etc.) \_\_\_\_\_

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

Are there times of the year that you are not available? (vacation, holidays, etc.) \_\_\_\_\_

### Emergency Contact Information - Who would you like us to contact in an emergency?

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

**References (Please list two (2) references)**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Volunteer Pre-Requisites**

Please read and initial the following statements:

\_\_\_\_\_ I understand that in order to volunteer at Lutheran SeniorLife, a criminal history check, child abuse clearance (if applicable) or FBI fingerprint (if applicable) will be performed on me.

\_\_\_\_\_ I understand that I may need to receive a TB (Tuberculosis) test and/or physical.

\_\_\_\_\_ There are no charges against me in any state that would prohibit my selection as a Volunteer with Lutheran SeniorLife.

\_\_\_\_\_ I understand that falsifying this information will result in my immediate termination as a Volunteer with Lutheran SeniorLife.

\_\_\_\_\_ I understand that Lutheran SeniorLife can require additional information as part of the clearance process, including FBI Fingerprint Clearance.

\_\_\_\_\_ I understand that if my conviction status changes after I begin actively volunteering that would affect my volunteer status, I must report this information to the Volunteer office representative within 72 hours of the charge. Failure to do so could result in termination of my volunteer position with Lutheran SeniorLife.

Please read and initial the statement that applies to you:

\_\_\_\_\_ I have been a resident of Pennsylvania for the last consecutive 10 years.

\_\_\_\_\_ I have not been a resident of Pennsylvania for the last consecutive 10 years and understand that I may need to complete additional clearance checks.

I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of investigative reports to Lutheran SeniorLife within the terms of this statement.

Print Name: \_\_\_\_\_

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

*Disclaimer: We take responsibility for our residents/participants seriously. It is the policy of the organization to screen all prospective volunteers. While we try to place every prospective volunteer, however we do reserve the right to reject applicants.*

*Minors ages 13-18 are required to fill out a parental permission form available through the Volunteer Office. Children under 13 year of age may not volunteer independently.*

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



### **Minor Volunteers – Under Age 18**

Lutheran SeniorLife is one of western Pennsylvania’s largest geriatric care providers. It operates as a not-for-profit organization, serving all denominations.

The mission of Lutheran SeniorLife is to provide our elders an Abundant Life, a life of richness and fullness, regardless of their level of independence, abilities, health or financial circumstances.

Passavant Community, St. John Specialty Care, the LIFE programs, Lutheran Service Society are part of the Lutheran SeniorLife organization. All have an active volunteer program which provides an extra dimension of care and service to residents and supportive services for all Lutheran SeniorLife activities.

Certain programs can have teen volunteers. Teen volunteers must be at least 13 years old to volunteer independently in the facility. Teen volunteers under age 18 years of age must have the permission of a parent or guardian to volunteer.

I give permission for \_\_\_\_\_  
(student name)

to volunteer at Lutheran SeniorLife \_\_\_\_\_  
(facility name)

I will support this worthwhile undertaking:

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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