



Lutheran Child and Family Services
1525 N Ritter Avenue, Indianapolis, Indiana 46219
Phone (317) 359 - 5467 Fax (317) 322 - 4095
www.lutheranfamily.org

For office use:

Mentor
 Tutor
 SP
 AAD
 Office
 AARP
 CICOA
 Intern
 Other

Volunteer Application

Contact Information

Name _____
Address _____
Street _____

City State Zip County _____
Phone _____ 2nd Phone _____
E-Mail _____

Are you age 21 or older? _____ *(requirements and regulations state that volunteers must be at least 21 years of age to interact with our youth residents)*

Emergency Contact Information

Name _____
Relationship _____
Address _____
Street _____

City State Zip _____
Phone _____ 2nd Phone _____
E-Mail _____

Employer Information

Employer _____
Occupation/Position _____
Address _____
Street _____

City State Zip _____
E-Mail _____ Phone _____
Fax _____ Are you volunteering through work? _____
Does your employer have an Employee Volunteer or Matching Gifts Program? _____

Thank You for taking the time to complete this application. LCFS is committed to making your volunteer experience rewarding and fulfilling. Please sign below certifying that all information provided in this application is truthful and accurate to the best of your knowledge.

Signature

Date

Mission: "In response to God's love and grace in Jesus Christ, Lutheran Child & Family Services serves human needs with the support of the church and the community by providing programs of compassionate care and counsel to enhance dignity and quality of life."

Volunteer Experience

Have you ever served as a volunteer? _____ If yes, please list your experiences.

Organization _____

Position _____ Years _____ May we contact? _____

Organization _____

Position _____ Years _____ May we contact? _____

Volunteer Interest

Please check your volunteer interests. We will provide additional information for any area for which you have an interest. ** You must be at least 21 years of age to interact with our residents.*

___ * Mentor ___ * Tutor ___ * 1x Dorm Event with Residents ___ * Intern

___ * 1x Campus-Wide Event with Residents ___ * AmeriCorps

___ * Adopt-A-Dorm (small group regular, monthly visitation of one dorm)

___ Fundraising ___ Ambassador ___ Office Rescue ___ Sharing Place ___ Special Events

___ Donation/Collection Drive ___ Landscaping/Maintenance ___ Board/ Committee Member

Other _____

Please list any skills (cutting hair, music talents, art talents, etc.) you wish to share with clients, residents or staff.

How did you become aware of LCFS and our volunteer opportunities? _____

Why do you want to volunteer at LCFS / what do you hope to gain from this volunteer experience?

I am interested in ___ individual ___ group volunteer opportunities.

I would like to volunteer ___ 1x per week ___ 1x per month

___ as needed ___ other _____

Affiliation (optional)

LCFS maintains relationships with many service clubs, rotary groups, etc. If you are a member of this type of group, and are willing to assist us in sharing information about LCFS with your group, please complete the following information.

Group _____

Contact _____

Title _____

Phone _____ 2nd Phone _____

E-Mail _____

Address _____

Street

City

State

Zip

Church Liaison (optional)

LCFS maintains relationships with many local churches. If you are a member of a church, and are willing to assist us in sharing information about LCFS, please complete the following information.

Church _____
 Address _____
 Street _____
 City _____ *State* _____ *Zip* _____

Group (youth, outreach, etc) _____

Contact _____
 Title _____
 Address _____
 Street _____
 City _____ *State* _____ *Zip* _____

Phone _____ 2nd Phone _____
 E-Mail _____

Reference Information -----

Please list reference(s) that you have known for at least 1 (one) year. Please list professional references if possible, rather than family and friends. *We will provide you a Reference Form to give to your reference(s) to complete and return.* All references must be returned before you may begin volunteering.

Reference 1 (ALL volunteers except Community Service Workers, Office Rescue or 1x volunteers)

Name _____
 Relationship _____
 Known for how long? _____
 Phone _____ 2nd Phone _____
 E-Mail _____

Reference 2 (Mentors/Tutors ONLY)

Name _____
 Relationship _____
 Known for how long? _____
 Phone _____ 2nd Phone _____
 E-Mail _____

Reference 3 (Mentors/Tutors ONLY)

Name _____
 Relationship _____
 Known for how long? _____
 Phone _____ 2nd Phone _____
 E-Mail _____

Release Information -----

Please initial to the left of each statement. *All information provided is confidential.*

_____ **Volunteer Service**

I consent to serve as a volunteer for LCFS, and further agree that I am not to be regarded as an employee of LCFS nor am I entitled to any benefits of employment from LCFS.

_____ **Confidentiality**

While volunteering at LCFS, I understand that I may become aware of information regarding residents and clients of the agency. I understand that I am bound to *not* disclose any of this information outside the agency and will keep all information confidential.

_____ **Background Checks**

I consent to allow LCFS to conduct all necessary background checks to ascertain any information that may be relevant to the position for which I am applying. I understand that LCFS may deny my application or ask for clarification on any revealed charges. I understand that I may review the results of my searches and will be given the opportunity to clarify or explain further anything on my record.

The following information is required to complete the indicated searches:

Date of birth (month., day, year) _____
Social Security Number _____

_____ **Health Screening (*Mentors, Tutors, Interns, Adopt-A-Dorm & Sharing Place ONLY*)**

All health screening must be completed before you may begin volunteering. All medical related information will be kept in a separate file from your original Volunteer File.

I understand that all volunteers that may have direct contact with LCFS clients and residents are required to get a limited physical and/or annual tuberculosis (TB) screen. The cost for both will be covered by LCFS through our designated provider. Should the results of either test indicate the need for more testing or treatment, I understand that LCFS does not assume financial liability for such tests or treatment. I also understand that LCFS reserves the right to postpone or deny my volunteer service based on the results of either screening.

A TB screen requires you to return 2 - 3 days later, to the site where you had the screen, to have the results reviewed by a certified medical professional. If the second visit is not completed, the screen is invalid and must be completed again before you may begin volunteering. If you have documentation of a TB screen within the last year, you may provide Volunteer Resources a copy of this screen to meet LCFS Volunteer Requirements. You will be required to complete a TB screen annually to remain compliant with LCFS Volunteer Requirements.

A limited physical must include documentation from a medical professional stating that you do not have communicable diseases and that you are physically able to complete the volunteer assignment for which you are applying. If you have documentation of a limited physical within the past 3 months, or your medical professional will state that you meet the requirements stated above, Volunteer Resources can provide you with a Health Report Form that your medical professional may complete and submit to meet your LCFS Volunteer Requirements.

Demographic Information (*optional*) _____

Please assist us in collecting the following information that we use for reporting and fund-raising.
All information provided is confidential.

Age ___ Under 21 ___ 21 - 40 ___ 41 - 65 ___ Over 65
Gender ___ Male ___ Female
Ethnic Origin ___ Caucasian ___ African-American ___ Asian ___ Hispanic ___ Other
Religious Affiliation ___ Lutheran ___ Other _____