



**Volunteer Service Application** *(Please print legibly)*

| <i>Personal Information</i>   |        |                       |           |                          |        |                         |        |
|---|--------|-----------------------|-----------|--------------------------|--------|-------------------------|--------|
| Application Date:   |        |                       |           |                          |        |                         |        |
| Full Name:  |        |                       |           |                          |        |                         |        |
|   |        | <i>First</i>          |           | <i>Last</i>              |        | <i>Middle Initial</i>   |        |
| Address:  |        |                       |           |                          |        |                         |        |
|   |        | <i>Street Address</i> |           |                          |        | <i>Apartment/Unit #</i> |        |
|   |        |                       |           |                          |        |                         |        |
| <i>City</i>   |        | <i>State</i>          |           | <i>ZIP Code</i>          |        |                         |        |
| Home Phone:   |        |                       |           | Alternate Phone:         |        |                         |        |
| E-mail Address:   |        |                       |           |                          |        |                         |        |
| Birthday (mm/dd/yyyy):  |        |                       |           |                          |        |                         |        |
| Current Employer:   |        |                       |           |                          |        |                         |        |
| Current School (if applicable):   |        |                       |           |                          |        |                         |        |
| Congregation (if applicable):   |        |                       |           | Congregation Town:       |        |                         |        |
| Emergency Contact Name:   |        |                       |           | Emergency Contact Phone: |        |                         |        |
| Relationship to Applicant:  |        |                       |           |                          |        |                         |        |
| <i>Interests &amp; Regular Availability</i>   |        |                       |           |                          |        |                         |        |
| How did you hear about volunteer opportunities at LFS?  |        |                       |           |                          |        |                         |        |
| Why did you apply to join the LFS team of volunteers?   |        |                       |           |                          |        |                         |        |
| Which volunteer position(s) interest you? <i>(See Volunteer Brochure for more information.)</i>                       |        |                       |           |                          |        |                         |        |
|   |        |                       |           |                          |        |                         |        |
| Number of hours per week you would like to volunteer:   |        |                       |           |                          |        |                         |        |
| Availability  | Monday | Tuesday               | Wednesday | Thursday                 | Friday | Saturday                | Sunday |
| Morning<br><i>(8AM-Noon)</i>  |        |                       |           |                          |        |                         |        |
| Afternoon<br><i>(Noon-5PM)</i>  |        |                       |           |                          |        |                         |        |
| Evening<br><i>(5PM-10PM)</i>  |        |                       |           |                          |        |                         |        |
| <i>Special Events &amp; Single Opportunities to Serve</i>   |        |                       |           |                          |        |                         |        |
| I would like to be a Special Events Team Member whom LFS will call to help with one-time projects and special events. |        |                       |           |                          |        |                         |        |
| I would like to be a fundraising volunteer.   |        |                       |           |                          |        |                         |        |

*Please identify three people who would be great references and help us get to know you.*

| Name: | Phone Number and email Address: |
|-------|---------------------------------|
| 1.    |                                 |
| 2.    |                                 |
| 3.    |                                 |

What types of special skills, hidden talents, qualifications and interests would you like to use or sharpen in your volunteer service?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

| Are you bilingual? | Yes | No | If yes, which languages? |
|--------------------|-----|----|--------------------------|
|                    |     |    |                          |

Please list any work accommodations or limitations that will help us match you with a comfortable volunteer position:

|  |  |  |  |
|--|--|--|--|
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*Please take a moment to let us know what type of information and recognition activities you would like to receive from LFS.*

|  |   |
|--|---|
|  | I would like to information on future LFS events and volunteer activities.  |
|  | I would like information on future giving opportunities, including appeals.   |
|  | Please do not include my name in any recognition activities. I wish to keep my service and giving activities anonymous. |

**Volunteer Statement:** As an applicant for a volunteer position with Lutheran Family Services, I hereby attest to the truthfulness of the information I have included in my application. I wish to donate my services to Lutheran Family Services and understand there is no payment of services rendered under the Lutheran Family Services Volunteer Program. I understand that photographs may be taken from time to time for publications or other uses. I agree to abide by the rules, regulations, and policies of Lutheran Family Services, including company commitment to a drug free work place. I will maintain confidentiality concerning client and employee information. If I do not abide by these rules, regulations, or policies, or break confidentiality, I may be asked to discontinue my volunteer service with LFS.

| Signature: | Date: |
|------------|-------|
|            |       |



**Background Screen Release Authorization**

*(Please print legibly)*

Before volunteering or working with Lutheran Family Services of Nebraska, Inc., each applicant’s information will be checked against national and local databases recording **criminal history, driving history, adult & child abuse/neglect and sex offender registries** through One Source and the Department of Motor Vehicles. A check of these registries is necessary to ensure that each applicant meets provider standards. Your written authorization is necessary for us to proceed. Please provide the following information and sign the authorization below.

|   |  |                       |  |                       |                         |
|---|--|-----------------------|--|-----------------------|-------------------------|
| Full Name:  |  |                       |  |                       |                         |
|   |  | <i>First</i>          | <i>Last</i>                                | <i>Middle Initial</i> |                         |
| Date of Birth<br><i>(mm/dd/yyyy):</i>   |  |                       | Place of Birth<br><i>(City and State):</i> |                       |                         |
| Address:  |  |                       |  |                       |                         |
|   |  | <i>Street Address</i> |  |                       | <i>Apartment/Unit #</i> |
|   |  |                       |  |                       |                         |
| <i>City</i>   |  | <i>State</i>          |  | <i>ZIP Code</i>       |                         |
| Sex:  |  |                       | Race:                                      |                       |                         |
| Social Security Number:   |  |                       |  |                       |                         |
| Other names used in the past ten years <i>(include both first and last names):</i>  |  |                       |  |                       |                         |
|   |  |                       |  |                       |                         |
| Names of children and adults who lived with you in the last ten years:  |  |                       |  |                       |                         |
|   |  |                       |  |                       |                         |
| Other states in which you have lived over the past ten years:   |  |                       |  |                       |                         |
|   |  |                       |  |                       |                         |
| <p>I authorize Lutheran Family Services of Nebraska, Inc. to receive the above background information that may be compiled from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that as a condition of my volunteering that my name will be checked against Adult/Child Protective Central Registries, the findings of such a clearance check will to be used assess my ability to work with or around adults and children served by Lutheran Family Services of Nebraska, Inc. Further, I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification process.</p> |  |                       |  |                       |                         |
| Signature:  |  |                       | Date:                                      |                       |                         |