



# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Education (check highest): \_\_\_\_ High School \_\_\_\_ College \_\_\_\_ Grad School \_\_\_\_ Student

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Current/Past Occupation or Area of Study: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

List any special education/work/volunteer experience you have had that is relevant: \_\_\_\_\_

Indicate when you are available to help (circle days and times that are convenient):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Mornings Before 10 am	Morning 10-noon	Lunch 11-2	Afternoon 1:30-4	Evening 6:30-8:00	Weekends only Other _____	

I can come alone  I prefer to be a partner or buddy  I prefer to come in a group

I am willing to help where there is the most need Other \_\_\_\_\_

### PROGRAM OPPORTUNITIES:

Residential Activities  Office/Administrative  Skilled Nursing Activities

Assisted Living Activities  Chores/Maintenance  Dementia Activities  Pastoral Care

OTHER \_\_\_\_\_

NOTE: Orientation is necessary for a fulfilling experience. During orientation you will be introduced to the mission and history of Lutheran Homes of South Carolina, the vision of the community and the opportunities of service. Volunteers assisting in direct care receive special supportive training before they begin their ministry. Each program has different guidelines and expectations for volunteers. Selecting the volunteer program that matches your time and talents in a way that is most satisfying to you and rewarding to those you serve is an important goal of our volunteer program.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian if under 18 \_\_\_\_\_