



St. Luke's Lutheran Church & School

Oakfield, WI

Volunteer Application

Applicant Information

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number	Date of Birth		
Volunteer Position Considering	Availability ____ Full-Time ____ Part-Time ____ Temporary		
What Hours Are You Available to Work?			
In Case of Emergency Notify Telephone	Name of Nearest Relative Telephone		

Volunteer Experience

Have you ever volunteered in the past? ____ Yes ____ No		
Job Position Supervisor Start Date End Date		
Job Position Supervisor Start Date End Date		
Special Interests and Hobbies		
Do you have your own transportation? ____ Yes ____ No	Valid Driver's License? ____ Yes ____ No DL #: _____	Liability Insurance? ____ Yes ____ No
How many hours per week are you available to volunteer? Days _____ Evenings _____ Weekends _____		
Can you make a one-year commitment to this volunteer role?		
Why would you like to volunteer as a worker with children and/or youth?		
What qualities do you have that would help you work with children and/or youth?		
How were you parented as a child?		
How do you discipline your own children?		

Volunteer Experience (Continued)

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? ___ Yes ___ No If yes, please explain fully:
Have you ever been exposed to an incident of child abuse or neglect? ___ Yes ___ No If yes, how did you feel about the incident?
Would you be available for periodic volunteer training sessions? ___ Yes ___ No List any education, experience, certifications, or other training relevant to this volunteer position:

Criminal History

Have you ever been <i>convicted</i> of a criminal offense? Check One: ___ Yes ___ No
Do you currently have any criminal actions pending in which you are the Defendant? Check One: ___ Yes ___ No
Are you currently on probation or parole? Check One: ___ Yes ___ No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?

Personal References

Name	Address	Phone	Occupation	Relationship

Applicant Statement

(Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print Name
Signature Date

Committee Responsible: Church Council
Adopted by the Church Council: 11/17/2011