LUTHERAN SOCIAL MINISTRIES OF NEW JERSEY

Volunteer Application

Date of Application:

Name:	
Address	
Home Phone:	
E-mail Address	

Preferred method of contact (check preference): □ Phone □Text □E-Mail

Are you a student or affiliated with any program that you are volunteering through?

□Yes □No

If so, please provide name of school/program:

_____

Are you currently employed: □Yes □No

If yes, what is your occupation: _____

Current/Last Employer: _____

Phone of Current/Last Employer: _____

How did you hear about us? _____

What previous experience do you have in volunteering, if any?

_____

_____

_____

What interests you in volunteering at our community? (office work, play games, special interest, visitation, lead an activity, share a talent)

_____
_____
_____
_____
_____

What days work best? _____

What time of day? _____

Do you have a family member in our community? □Yes □No

If so, please provide name of resident/participant: _____

Have you ever been convicted of a crime? □Yes □No

If yes, please describe incident and year of event:

_____
_____
_____

Please provide an Emergency Contact Name & Phone #:

Name: _____ Phone: _____

Please provide a minimum of 3 references personal or professional:

Name	Phone Number & E-mail	Relationship