

LUTHERAN COMMUNITY CARE CENTRE

**VOLUNTEER APPLICATION**

The purpose of the application is to help us find the most satisfying and appropriate volunteer job for you. Your cooperation is most appreciated.

1. a) NAME: \_\_\_\_\_  
Surname Given Names

b) ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code

c) PHONE NO. \_\_\_\_\_  
Home Business

d) E-MAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

2. a) Is there any health related information we may need:  
\_\_\_\_\_

b) Person to contact in case of emergency: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

3. a) Educational Background: \_\_\_\_\_  
\_\_\_\_\_

b) Vocational Background: \_\_\_\_\_  
\_\_\_\_\_

c) Skills, Hobbies, Sports, Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. REFERENCES:

Name 1) \_\_\_\_\_ 2) \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_

5. a) Days available: \_\_\_\_\_

b) Times of year: \_\_\_\_\_

c) Times available: \_\_\_\_\_

d) Age: Up to 17\* \_\_\_\_\_ 18-30 \_\_\_\_\_ 31-50 \_\_\_\_\_ 51-70 \_\_\_\_\_ 70+ \_\_\_\_\_

e) Volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f) Languages spoken (other than English): \_\_\_\_\_

\_\_\_\_\_

g) Use of car for personal use:

Yes

No

6. It is policy of Lutheran Community Care Centre to have all volunteers who will interact (one-to-one basis) with children and vulnerable adults to obtain a criminal check through the Police Department. Upon acceptance are you willing to obtain one?

Yes

No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_

**\* If under 18 years of age the following must be completed by a parent/guardian.**  
I/we \_\_\_\_\_ being the parent/guardian hereby grant permission for our son/daughter \_\_\_\_\_ to become a volunteer for the Lutheran Community Care Centre.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\* VOLUNTEER OPPORTUNITIES**

( ✓ ) Check ones you picture yourself doing

REGULAR (weekly or monthly 1-2 hours)

**PASTORAL CARE PROGRAM:**

FRIENDLY VISITOR (hospitals, nursing homes) \_\_\_\_\_

**SOCIAL SERVICES PROGRAM:**

FRIENDLY VISITOR (in home) \_\_\_\_\_

**COMMUNITY SUPPORT SERVICES PROGRAM:** Developmentally Handicapped

LEISURE BUDDY (share leisure time in community) \_\_\_\_\_

ON CALL – SHORT TERM

**RECEPTIONIST & CLERICAL**

Assist with mailings, folding, labelling, collating, etc. \_\_\_\_\_

**FUNDRAISING EVENTS:**

**STRAWBERRY FESTIVAL      HARVEST FESTIVAL      SILENT AUCTION**

- early or mid July

- end of September

- March

Ticket Sales \_\_\_\_\_

Set Up & Serving \_\_\_\_\_

Craft & Bake Table \_\_\_\_\_

Strawberry Pickers & Hullers \_\_\_\_\_

Clear Up & Clean Up \_\_\_\_\_

Barbecue Cook \_\_\_\_\_

Kitchen Keepers \_\_\_\_\_

Mitten Knitters \_\_\_\_\_

**LUTHER COURT:** Resident's Quarterly Birthday Party \_\_\_\_\_

\* ORIENTATION, TRAINING AND ON-GOING SUPPORT ARE PROVIDED IN EACH OF THESE PROGRAMS.

Please return this form to:      Rose Niemi, Volunteer Coordinator  
Lutheran Community Care Centre  
245 B Bay Street  
THUNDER BAY ON P7B 6P2

An interview with the coordinator will be arranged upon receipt of your application.

Revised October 2005