



## Volunteer Application

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Days Available:

\_\_\_ Monday      \_\_\_ Tuesday      \_\_\_ Wednesday      \_\_\_ Thursday  
\_\_\_ Friday      \_\_\_ Saturday      \_\_\_ Sunday

Hours Available:

Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_

Location of Volunteer Interest:     Lutheran Home     Residential Care Center

Areas of Interest for Volunteering:

\_\_\_ Arts and Crafts      \_\_\_ Bible Study      \_\_\_ Bingo  
\_\_\_ Decorating      \_\_\_ Entertainment      \_\_\_ Reading  
\_\_\_ Worship Service      \_\_\_ Special Events      \_\_\_ Stuffing Envelopes  
\_\_\_ Posters      \_\_\_ Coffee Hour      \_\_\_ Visiting Residents

I understand I may be photographed during the course of the activity. I grant full and unlimited permission to the Lutheran Home at Kane to use my photographs or any other record of participation in this activity for publicity purposes, without compensation, by placing my initials here. \_\_\_\_\_

Notes:

---

---

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activities Director Signature

\_\_\_\_\_  
Date