



Volunteer Application
Lutheran Child and Family Services
1525 N Ritter Avenue, Indianapolis, Indiana 46219
Phone (317) 359 - 5467 Fax (317) 322 – 4095
www.lutheranfamily.org

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work or Cell Phone	
E-Mail Address	

Are you age 21 or older? Yes No

(State of Indiana regulations require volunteers must be at least 21 years of age to have direct interaction with our youth residents)

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Emergency Contact Phone	
E-Mail Address	
Relationship	

Employment

Business Name	
Street Address	
City, State, Zip Code	
Work Phone	
E-Mail Address	
Position/Title	

Volunteer Interest

Please check your volunteer interests. We will provide additional information for any area for which you have an interest. (*State of Indiana regulations require volunteers must be at least 21 years of age to have direct interaction with our youth residents)

*Mentor

*Tutor

Special Events

Group Service Project

Please select your availability:

Monday
Am/Pm

Tuesday
Am/Pm

Wednesday
Am/Pm

Thursday
Am/Pm

Friday
Am/Pm

Saturday
Am/Pm

Affiliation (optional)

LCFS maintains relationships with many service clubs, rotary groups, etc. If you are a member of this type of group, and are willing to assist us in sharing information about LCFS with your group, please complete the following information.

Organization	
Street Address	
City, State, Zip Code	
Contact Person	
Phone	
E-Mail Address	

Church Liaison (optional)

LCFS maintains relationships with many local churches. If you are a member of a church, and are willing to assist us in sharing information about LCFS, please complete the following information.

Church	
Street Address	
City, State, Zip Code	
Church Phone	
Group (Youth, Outreach, etc)	
Contact Person	
Phone	
E-Mail Address	

Reference Information

Please list two professional references.

Name	
Street Address	
City, State, Zip Code	
Phone	
E-Mail Address	
Years Known	

Name	
Street Address	
City, State, Zip Code	
Phone	
E-Mail Address	
Years Known	

Release of Personal Information

Please initial at the end of each statement. *All information provided is confidential.*

Volunteer Service

I consent to serve as a volunteer for LCFS, and further agree that I am not to be regarded as an employee of LCFS nor am I entitled to any benefits of employment from LCFS. _____

Confidentiality

While volunteering at LCFS, I understand that I may become aware of information regarding residents and clients of the agency. I understand that I am bound to *not* disclose any of this information outside the agency and will keep all information confidential. _____

Background Checks

I consent to allow LCFS to conduct all necessary background checks to ascertain any information that maybe relevant to the position for which I am applying. I understand that LCFS may deny my application or ask for clarification on any revealed charges. I understand that I may review the results of my searches and will be given the opportunity to clarify or explain further anything on my record. _____

The following information is required to complete the indicated searches and will be kept confidential:

Date of birth (MM/DD/YR) _____

Social Security Number _____

Health Screening (*required for volunteer activities that involve direct contact with youth residents*)

All health screening must be completed before you may begin volunteering. All medical related information will be kept in a separate file from your original Volunteer File.

I understand that all volunteers that may have direct contact with LCFS clients and residents are required to get a limited physical and annual tuberculosis (TB) screen. Should the results of either test indicate the need for more testing or treatment, I understand that LCFS does not assume financial liability for such tests or treatment. I also understand that LCFS reserves the right to postpone or deny my volunteer service based on the results of either screening.

A TB screen requires you to return 2 – 3 days later, to the site where you had the screen, to have the results reviewed by a certified medical professional. If the second visit is not completed, the screen is invalid and must be completed again before you may begin volunteering. If you have documentation of a TB screen within the last year, you may provide Volunteer Resources a copy of this screen to meet LCFS Volunteer Requirements. You will be required to complete a TB screen annually to remain compliant with LCFS Volunteer Requirements.

A limited physical must include documentation from a medical professional stating that you do not have communicable diseases and that you are physically able to complete the volunteer assignment for which you are applying. If you have documentation of a limited physical within the past 3 months, or your medical professional states that you meet the requirements stated above, Lutheran Child and Family Services can provide you with a Health Report Form that your medical professional may complete and submit to meet your volunteer Service requirements.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate removal as a volunteer.

Name _____

Date _____

Thank you for completing this application and for your interest in volunteering with Lutheran Child and Family Services!