

Lakewood Christian Service Center
14230 Madison Avenue
Lakewood, OH 44107
Phone: 216-226-6466
Fax: 216-226-8493
www.lcsclakewood.org

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at LCSC. Please complete all sections so that your application can be processed in a timely manner.

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone numbers: Home (____) _____ Work (____) _____ Cell (____) _____
E-mail: _____
Birthday: ____/____/____

Are you currently receiving services from LCSC? _____

Have you ever been a volunteer at LCSC? _____

If so, when? _____

Emergency Contact:

Name _____
Relationship _____
Telephone _____
Name _____
Relationship _____
Telephone _____

If emergency contacts cannot be reached, LCSC reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.

Volunteer areas of interest (circle all that apply):

Clerical support Food pantry Intake Special events
Special projects Telephone support

In order to place you in the best available volunteer position, are you able to do the following:

Use computers _____

Lift 25 pounds _____

Stand for long periods of time _____

How did you hear about our volunteer opportunities?

Education (circle last level completed):

Middle School

High School

Vocational

GED

College or University

Graduate School

If applying to fulfill school or graduation service requirements, how many hours are required? _____

Availability of volunteer time (circle all that apply):

Monday 9:30 am - 2 pm

Tuesday 9:30 am – 2pm

Wednesday 9:30 am – 2pm

Wednesday 5:15 pm – 7:45 pm

Thursday 9:30 am – 2pm

Friday 9:30 am – 2pm

Current Employment:

Organization _____

Position _____

Address _____

Supervisor _____

Telephone number _____

Previous volunteer experience:

Organization _____

Position _____

Address _____

Supervisor _____

Telephone number _____

Professional and Personal References:

Name _____
Position _____
Address _____
Relation _____
Telephone number _____

Name _____
Position _____
Address _____
Relation _____
Telephone number _____

Have you ever been convicted of a felony?

If so, please explain: _____

I authorize LCSC to make inquiry into my professional and personal references and relevant information in the volunteer consideration process, which includes a criminal background check. I understand that my file will remain confidential. LCSC has a confidentiality policy to protect the client's individual right to privacy. All information regarding a client at the LCSC must remain confidential and cannot be discussed or shared outside of the LCSC by board members, staff and volunteers. In consideration for me to participate as a volunteer for LCSC, I, the undersigned, for myself, my heirs, executors and administrators do hereby release, hold harmless, indemnify, waive and discharge the LCSC and all its officers, agents and employees from and against any and all claims, demands, actions or causes of action arising from or relating in any way to my involvement in any activity in which I participate for LCSC, and without limitation, any and all claims, demands, actions or causes of action arising from or relating in any way to any injuries I may suffer or sustain by my involvement in any activity in which I participate for LCSC. Furthermore, in full recognition and appreciation of the potential dangers and hazards typically encountered when working in a warehouse environment, I do hereby agree to assume all the risks and responsibilities surrounding my participation in this activity, and/or any activities taken in addition thereto, on behalf of LCSC.

LCSC does not discriminate because of race, color, religion, sexual orientation, gender identity or gender expression, national origin, age, disability or veteran status.

My signature constitutes that my responses are true and complete, and that I have read and understand the paragraphs above.

Your name: (please print) _____

Your signature: _____

Date: ____/____/____

For Applicants under the age of 18

- You need to be at least 13 years old.
- You cannot wear sandals or open-toed shoes when you volunteer.
- You must be able to lift 25 pounds.
- With youth groups, there must be one adult present for every 10 children.
- You must be at least 16 years old to volunteer unaccompanied by an adult.

I give permission for my son/daughter, _____, whose birth date is _____/_____/_____, to volunteer at LCSC.

Parent/Guardian name: (please print) _____

Parent/Guardian signature: _____

Date: _____/_____/_____

My signature constitutes that my responses are true and complete, and that I have read and understand the paragraphs above.

Please return this application to:
Volunteer Department
Lakewood Christian Service Center
14230 Madison Avenue
Lakewood, OH 44107
Or send by fax: 216-226-8493

Last updated: May 2010