



## VOLUNTEER WORKER APPLICATION

Your willingness to be a volunteer is very important to us. St. John's objective is to provide a safe and secure environment for the students, children and youth entrusted to our care. The following information will assist us in better understanding your qualifications and interest as we fulfill that objective. Please provide all of the information requested on this application. PLEASE PRINT OR TYPE ALL INFORMATION.

### PERSONAL

Last Name:	First Name:	Middle Name:
Address:	City, State:	Zip:
Home Telephone (with area code):	Day time phone if different:	Social Security Number:

Are you 18 years of age or older?      Yes\_\_\_\_\_      No\_\_\_\_\_

Are you able to perform the essential functions of the position for which you are volunteering for: Yes\_\_\_\_\_

### AREA OF INTEREST

What volunteer position are you seeking?	Times you are available to volunteer:
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### CHURCH BACKGROUND

Current Church:	City, State:	Phone Number (with area code):
Previous Church:	City, State:	Phone Number (with area code):

Are you a United States citizen or alien legally authorized to work in the United States?  
 Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration for employment.  
 Yes\_\_\_\_\_ No\_\_\_\_\_

### EMPLOYMENT

Current or most recent Employer:	Address, City, State, Zip:	Position/Type of work:
Supervisor or contact person:	Telephone number:	Number of years with employer:



**Volunteer Worker Application (continued)**

**EDUCATION HISTORY**

Circle the highest grade completed: 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Last school you attended:	City State:	Graduate:	Degree/Major:
		Yes _____ No _____	

**PERSONAL REFERENCES**

List below two personal references who are well acquainted with you. Please do not list relatives.

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone:	Telephone:

**APPLICANT'S STATEMENT – READ CAREFULLY**

In consideration of the receipt and evaluation of this application by St. John's Lutheran Church, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge
- Should my application be accepted, I agree to be bound by the bylaws and policies of St. John's Lutheran Church, and to refrain from any conduct in violation of the church's teachings.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM.

\_\_\_\_\_  
 Applicant's Signature Date