



## **GIVE THE GIFT OF VOLUNTEERING**

### **Student Volunteer Application**

  
**LUTHERAN HOME**  
INSPIRING THE BEST SINCE 1892.  
 800 West Oakton Street  
 Arlington Heights, IL 60004  
 volunteer office: (847) 368-7484

#### **General information:**

\_\_\_\_\_  
FIRST NAME / LAST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
BIRTHDAY

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
GRADE

#### **Have you had previous volunteer experience?**

Yes    No

\_\_\_\_\_  
IF YES, WHERE DID YOU VOLUNTEER AND WHAT DID YOU DO?

#### **Do you have any hobbies or talents that you would like to share with our residents?**

\_\_\_\_\_  
LIST HOBBIES / TALENTS HERE

#### **Please mark the times you are able to volunteer, that best fit your school schedule:**

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

#### **In case of emergency please notify:**

\_\_\_\_\_  
RELATIONSHIP OF EMERGENCY CONTACT

\_\_\_\_\_  
PHONE

#### **Photography release:**

I give permission to use any photographs or video taken of me to promote the mission of Lutheran Home.

#### **Lutheran Home guidelines:**

I will learn and follow the rules and guidelines at Lutheran Home.

#### **Sign and date:**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT / TEACHER / JOB COACH SIGNATURE

\_\_\_\_\_  
DATE