

VOLUNTEER APPLICATION

St. John's Lutheran Church, 884 Newfield Avenue, Stamford, CT 06905

Date _____

Volunteer Position(s) Requested _____

Full Name (Last, Middle, First) _____

Mailing Address _____

Phone: Home _____ Work _____ Cell _____

Email _____

Valid Driver's License? Yes No Number _____ State _____ Exp _____

Date of Birth _____

Have you ever been charged with or convicted of a felony? Yes No

If "yes," describe in detail _____

Are you a member of St. John's Lutheran? Yes No If "yes," for how long? _____

Three Personal References (include name, address and phone number for each) of an institutional nature, excluding family, preferably from organizations where you might have worked with children in the past.

Place of Employment _____

Agreement

I certify by my signature that the answers above are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application to be considered as a volunteer at St. John's Evangelical Lutheran Church. If accepted as a volunteer, I understand that false and misleading information given in my application may result in discharge. If my volunteer position warrants a background check, I agree to a confidential background check and will provide my Social Security number when requested solely for the purpose of a background check. By my signature, I agree to abide by all guidelines of St. John's Lutheran Church, Stamford, Connecticut.

Signature of Name

Date signed