

LIVING SAVIOUR LUTHERAN CHURCH

Volunteer Information Sheet



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Charlotte, NC 28226
Phone: 704-542-3626
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lslc@livingsaviourlc.org
www.lslc-elca.org

Name: _____

Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

Cell: _____

Occupation: _____

Employer: _____

Current job responsibilities and schedule:

Previous work experience: _____

Previous volunteer experience: _____

Special interests, hobbies, and skills: _____

How many hours per week are you available to volunteer?

Days: _____ Evenings _____ Weekends _____

Can you make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? _____

If yes, list policy limits and name of carrier: _____

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children and/or youth?

Would you be available for periodic volunteer training sessions? Yes No

Have you ever been charged, convicted of, or pleaded guilty to a crime, a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

Yes No

If yes, please explain fully:

References: Please list three individuals, who are not related to you by blood or marriage, as references., who have known you for at least **three** years.

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Length of time you have known reference: _____

Relationship to reference: _____

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Length of time you have known reference: _____

Relationship to reference: _____

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Length of time you have known reference: _____

Relationship to reference: _____

Please note that this information will be held confidential and filed with the church administrator for use by church staff only. Access by other church members would require your permission.

Ministry Promise

The information contained in this volunteer information sheet form is correct to the best of my knowledge. I understand the importance of protecting our children, our adults, and our ministry here at Living Saviour Lutheran Church. I authorize the church to contact any and all references I have listed on this volunteer information sheet. They are authorized to give the church any and all information they deem relative to the position I will be serving in.

Should I serve in any volunteer position within the congregation, I agree to be bound by the Bylaws and Policies of the church and to refrain from unscriptural conduct in the performance of my services on behalf of protecting my brothers and sisters in Christ for the sake of the Gospel.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Print Name _____ Date _____

Volunteer's Signature _____

Print Witness Name _____ Date _____

Witness's Signature _____