



Lussier Community Education Center

building community, creating opportunities, enriching education

Volunteer Application

Date ___/___/___

Personal Information

Last Name _____ First Name _____ MI ___ Nickname _____

DOB (m/d/y) ___/___/___ Home Phone _____ Cell Phone _____

Street Address _____ City _____ Zip _____

Email Address _____ Languages Spoken _____

Race/Ethnicity White Black Latino Native American Asian/Pacific Islander Other

Gender Male Female Other _____ Do you have a disability? Yes No

How did you learn about LCEC? _____

Would you like to receive our monthly electronic newsletter? Yes No

Volunteering Interests

Group Involvement

Children Elementary School Middle School High School All Community Seniors

Specific Opportunities

Online Job Post Front Desk/Office Assistance Tech Support/IT Fundraising Other

Are there any accommodations that we should make in order to help you become a volunteer?

Availability

Frequency

One-time Occasionally Regularly From ___/___/___ to ___/___/___

Hours

___ per week ___ per month

	SUN	MON	TUE	WED	THU	FRI	SAT
8am - 12							
12 - 3pm							
3 - 6pm							
6 - 9pm							

Skills/Interests/Hobbies

Employment

Employer (If retired, list former employer) _____

My employer has a program that matches volunteer time and/or financial contributions.

Community Service / Volunteer Credit

Will your volunteering contribute to a community service requirement, internship, or other program?

Yes No *If yes, please provide more information on the requirements.*

Number of hours _____ Hours per Week Month One-time event

Contact Person _____ Contact Phone Number _____

References (Please list two references who are not relatives. At least one should be of a professional nature.)

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Parental Consent

As the parent/guardian of the volunteer, I consent to this child volunteering at LCEC.

_____/_____/_____
Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Emergency Contact

Full Name _____

Cell Phone _____ Home Phone _____

Work Phone _____ Relationship _____

Background Check and Personal Consent

I authorize LCEC to conduct a criminal background check.

As a volunteer at LCEC, I will respect the confidentiality of all members, volunteers, and staff.

I grant permission to LCEC and its affiliated agencies to use my name and to print, copy, publish, and reproduce photographs and any other likenesses of me for promotional reasons.

_____/_____/_____
Signature of Volunteer Date

FOR STAFF USE:

Center Tour Program Orientation Expectations Sign-In TimeBank Addtl Opps