



LAKWOOD Community Services Center

14230 Madison Avenue
Lakewood, OH 44107
216.226.6466 Phone
216.226.8493 Fax

Volunteer Application

Thank you for your interest in volunteering at LCSC. Please complete all information so that your application can be processed in a timely manner.

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____
Email: _____
Birthday: ____/____/____

Are you currently receiving services from LCSC? _____
Have you ever been a volunteer at LCSC? _____ If yes, when? _____

How did you learn about volunteer opportunities at LCSC? _____

Emergency Contact

Name: _____ Relationship: _____
Telephone: (____) _____

Name: _____ Relationship: _____
Telephone: (____) _____

If emergency contacts cannot be reached, LCSC reserves the right to see medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from this decision.

Volunteer areas of interest (circle all that apply): Food pantry Clerical support

Client intake (registration for food service) Facebook updating Website updating

Telephone support Special events Special projects

In order to place you in the best available volunteer position, are you able to do the following:

Use a computer: _____ Lift 25 pounds: _____ Stand for long periods of time: _____

Education (circle the highest level completed):

Middle School High School Vocational School GED College/University Graduate School

If you are applying to fulfill service requirements, how many hours must you complete? _____

Availability to volunteer (circle all that apply):

Mon. 9:30am - 2pm Tues. 9:30am - 2pm Wed. 9:30am - 2pm Wed. 5:15pm - 7:45pm

Thurs. 9:30am – 2pm Fri. 9:30am – 2pm

Current employment:

Organization: _____

Supervisor: _____ Phone: (____) _____

Your position: _____

Previous volunteer experience:

Organization: _____

Supervisor: _____ Phone: (____) _____

Your position: _____

References:

Name: _____ Address: _____

Phone: (____) _____ Relationship: _____

Name: _____ Address: _____

Phone: (____) _____ Relationship: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

I authorize LCSC to make inquiry into my references and relevant information during my volunteer application process, which will include a criminal background check. I understand that my information will remain confidential.

I, the undersigned, for myself, my heirs, executors and administrators do hereby release, hold harmless, indemnify, waive and discharge LCSC and its officers, agents and employees from and against any and all claims, demands, actions or causes of action arising from or relating in any way to my involvement in any activity in which I participate for LCSC, and without limitation, any and all claims, demands, actions or causes of action arising from or relating in any way to any injuries I may suffer or sustain through my involvement in any activity in which I participate for LCSC. Furthermore, in full recognition of the potential dangers and hazards encountered when working in a warehouse environment, I do hereby agree to assume all the risks and responsibilities surrounding my participation in this activity, and/or any activities taken in addition thereto, on behalf of LCSC.

LCSC does not discriminate on the basis of race, color, religion, sexual orientation, gender identity or gender expression, national origin, age, disability or veteran status.

My signature constitutes that my responses are true and complete, and that I have read and understand the paragraphs above.

Name (please print): _____

Signature: _____

Date: _____

For applicants under the age of 18:

- You must be at least 13 years old
- You cannot wear sandals or open-toed shoes when you volunteer
- You must be able to lift 25 pounds
- With youth groups, there must be one adult present for every 10 children
- You must be at least 16 years old to volunteer unaccompanied by an adult

I give my permission for my son/daughter, _____ whose birth date is ____/____/____, to volunteer at LCSC.

Parent/Guardian name (please print): _____

Parent/Guardian signature: _____

Date: ____/____/____

My signature constitutes that my responses are true and complete, and that I have read and understand the information above.

Please return this application to: Volunteer Department, Lakewood Community Services Center, 14230 Madison Avenue, Lakewood, OH 44107 or by fax to (216) 226. 8493.