



Lyngblomsten Youth Volunteer Application and Consent Form

NAME: _____ DOB: ____ / ____
(Last) (First) (Initial) (Month/Day)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ OTHER: (____) _____

EMAIL ADDRESS: _____

Emergency Contact: _____
(Name) (Relationship)

Address: _____

Home Phone: (____) _____ Other: (____) _____

Current School Attending: _____

Year of High School Graduation: _____

Are you interested in learning about our Lyngblomsten's College Scholarship opportunities? ____NO ____YES

How did you learn about our youth volunteer program? _____

Are you volunteering to fulfill a community service or service learning requirement? ____NO ____YES

If yes, required by: _____ How many hours required? _____

Related experience (vocational/volunteer/educational): _____

Sports/Clubs/Organizations: _____

Health restrictions or physical limitations that could affect your volunteer placement: _____

Are you able to push wheelchairs? ____NO ____YES

Please check day(s) and time(s) that are convenient for you to volunteer:							
DAYS	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

PLEASE CIRCLE VOLUNTEER AREA(S) OF INTEREST TO YOU

Activities/Events Transporter:
*Beauty Shop, Bible Study,
Concerts, In-house Medical,
Worship Services, PT/OT*

Alzheimer's Unit Helper
Arts/Crafts Assistant
Aviary
Baking
Community Outreach
Data Entry
Devotion/Worship Assistant
Dining Room Assistant
Card and Games Partner
Gardening

General Office/Mailings
Gift Shop Clerk/Bookkeeper
Gift Shop Management Team
Healing Helpers
Holiday Volunteer
Hospice Volunteer
Laundry Assistant
Lay Visitor
Letter Writing
Mail Delivery
Manicures
Mending/Sewing/Labeling
Men's Club
Musical Instrument: _____

Newsletter
Outings
Pet Therapy
Phoning
Popcorn Popper
Reading/Storytelling
Recycling/Shredding
Rummage Sale Helper
Sing-along
Speaker/Trainer
Special Events
Van Driver/Assistant
Volunteer Special Friend
Other: _____

REFERENCE FOR YOUTH VOLUNTEER

I have read the Application Form and give _____
permission to be a youth volunteer at Lyngblomsten. I agree to make arrangements for transportation for the above-
mentioned youth volunteer to and from Lyngblomsten.

Parent/Guardian Signature): _____ Date: _____

Address: _____ Phone: () _____

PERMISSION FOR PHOTO RELEASE

I understand Lyngblomsten may take pictures for publishing in Volunteer Services newsletters or Lyngblomsten
marketing materials. I give my permission should a photograph be used for such purposes.

Parent/Guardian Signature _____ Date: _____

Lyngblomsten, 1415 Almond Avenue, St. Paul, MN 55108
Telephone: 651-646-2941, Fax: 651-646-8360
www.lyngblomsten.org



people helping people helping people