



Lyngblomsten Adult 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: (_____)

Are you presently employed? _____ NO _____ YES Employer: _____

May we contact you there? _____ NO _____ YES Phone: (_____)

Are you a member of one of our Partner Congregations? _____ NO _____ YES _____ NOT SURE

Name of Church: _____

How did you learn about Lyngblomsten? _____

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): _____

Clubs/Organizations: _____

CRIMINAL BACKGROUND CHECK

Lyngblomsten is required by law to perform a background check on all adult volunteers, 18 or over.

State ID # or Driver's License #: _____

Birth date: ____ / ____ / ____ Race (optional): _____

PLEASE CIRCE 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

Committees and Boards

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

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: _____

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							

REFERENCE FOR ADULT VOLUNTEER

I hereby authorize Lyngblomsten to obtain information from the following individual for the purpose of a personal reference.

Reference Name (other than relative): _____

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 with my picture be used for such purposes.

Applicant Signature _____ Date: _____



Lyngblomsten, 1415 Almond Avenue, St. Paul, MN 55108

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www.lyngblomsten.org