



## **Application for Volunteers**

All fields are required to be filled out accurately prior to becoming a Lookout Village volunteer.

Name: \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Demographic Information:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # (volunteer drivers only) \_\_\_\_\_ State \_\_\_\_\_

*Please note: A copy of your driver's license & current automobile insurance card will be required. You must also sign a copy of the Volunteer Driver Acknowledgement, to be provided at volunteer orientation.*

### **Name of person to contact in case of an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers to call: Cell # \_\_\_\_\_ Home # \_\_\_\_\_

### **Information about your current/former employment:**

Occupation/former occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Hobbies/Special Interests: \_\_\_\_\_

### **Information about your health:**

Is there any health reason that might limit your ability to volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

**Lookout Village will conduct state and federal background checks for all volunteers plus check driving records for volunteer drivers.**

Have you ever been arrested for conducting or attempting to conduct a sexual offense?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

\_\_\_\_\_ Yes \_\_\_\_\_ No.

Please explain:

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**Please check any areas you are willing to volunteer:**

- |  |   |
|--|---|
| <input type="checkbox"/> Article Writing                 | <input type="checkbox"/> Light Housekeeping                 |
| <input type="checkbox"/> Photography                     | <input type="checkbox"/> Light Home Maintenance             |
| <input type="checkbox"/> Committee Membership            | <input type="checkbox"/> Cooking/Meal Preparation           |
| <input type="checkbox"/> Companionship                   | <input type="checkbox"/> Office Staffing                    |
| <input type="checkbox"/> Technology Assistance           | <input type="checkbox"/> Provider Recruitment and Follow-Up |
| <input type="checkbox"/> Transportation                  | <input type="checkbox"/> Yard/Garden Work                   |
| <input type="checkbox"/> Event Planning and Coordination | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Fundraising                     |   |

- I am physically and mentally able to perform each of the volunteer opportunities I have checked above.**

**Availability:**

<u>Day</u>	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## **Volunteer Privacy Information and Release Authorization**

Please read the following carefully:

### ***Application information***

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

### ***Background investigation***

I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification. I authorize Lookout Village to conduct the background investigation and release Lookout Village from liability from the outcome of this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Lookout Village.

I have read and understand the above and by my signature consent to these statements.

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**Applicant Signature**

**Date**

**Please mail completed application to:**

**Lookout Village  
PO Box 143  
Neola, IA 51559**