



Volunteer Application Form
For all Faith Lutheran Church
Youth Activities
Effective Dates:
September 1, 20__ - August 31, 20__

Name _____

Address _____

City _____ ZIP _____

Phone _____ Cell Phone _____

Email _____

Emergency Contact

Name _____

Relationship _____ Phone _____

Allergies: Insect Stings Drugs Other allergies:

Explanation _____

Other Conditions:

- Heart Condition Frequent Colds Epilepsy
 Chronic Asthma Upset Stomach Hay Fever
 Diabetes Physical Handicap Other

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions, etc.):

T-Shirt Size

Adult: S M L XL XXL XXXL

Volunteer Disclosure

Faith Lutheran Church in its discretion and without a statement of reason may require a volunteer provide additional information at anytime.

Have you ever been charged with or convicted of any crime other than a traffic violation? If your answer is "yes" please offer an explanation in the box.

Yes No

Large empty box for explanation of criminal history.

I certify under penalty or perjury and pursuant to the laws of the State of Iowa that all information supplied above is true and correct.

Date

(Signature of Volunteer)

