

# BETTER TOGETHER VOLUNTEER APPLICATION

*If a couple, family or group are volunteering together, every person over the age of 18 must complete an application.*

First Name		Last Name		Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City		State	Zip
Home Phone	Work Phone	Cell Phone		Best contact method: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Facebook <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Prefer calls in: <input type="checkbox"/> AM <input type="checkbox"/> PM	
E-mail					
Employer Name		Job Title		# of Years with Employer	
Employer Address		City		State	Zip
Have you ever been convicted of a drug charge?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____		Year: _____	
Have you ever been convicted of a criminal offense?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____		Year: _____	
Have you ever been convicted of abuse, neglect, or assault?		Yes <input type="checkbox"/> No <input type="checkbox"/> Charge: _____		Year: _____	
<b>I am volunteering</b> <input type="checkbox"/> on my own <b>OR WITH</b> <input type="checkbox"/> Another person <input type="checkbox"/> A group <input type="checkbox"/> My family					
List the person or group you are volunteering with. All volunteers aged 18 and older must complete an application. _____ _____					
Volunteers under the age of 18 must be accompanied at all times by a parent or guardian who has completed an application when they volunteer. If you are volunteering with your child(ren), please list their names and ages: _____ _____					
<b>I have the following preferences:</b>			<b>I am comfortable with:</b>		
Working with a senior who lives alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The senior having a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Working with a senior with limited mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The senior smoking or living with a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Working with a senior on daily living tasks (grocery shopping, sorting mail, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The senior having limited room in their home or struggling to keep their home clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Going to community events with a senior?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The senior having some memory issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transporting a senior in my personal car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The senior dealing with a chronic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>How did you hear about the program? Check as many as apply and describe below.</b>					
<input type="checkbox"/> LSS	<input type="checkbox"/> Radio	<input type="checkbox"/> Attended Event	<input type="checkbox"/> Letter	<input type="checkbox"/> Church	
<input type="checkbox"/> Work	<input type="checkbox"/> Television	<input type="checkbox"/> United Way	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Web/Social Media	
<input type="checkbox"/> Current Volunteer: _____		<input type="checkbox"/> Other: _____			
Please provide any additional referral details: _____ _____					

**I am available the following days/times:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**I would like to meet**  Once per week  Every other week  Once or twice per month  Other: \_\_\_\_\_

**I am interested in participating in monthly events organized by LSS?**  Yes  No  On occasion  Not sure

**Please list any other information about yourself you feel would be helpful in matching you. This can include any special hobbies, talents, or interests.**

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**Please describe any previous experience working with older adults.**

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**Why are you interested in volunteering for this program?**

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**Please list three non-family references. Please provide complete information to expedite your application.**

1. Name	Relationship	Primary Phone	Secondary Phone	
Primary Email Address		Secondary Email Address		
2. Name	Relationship	Primary Phone	Secondary Phone	
Primary Email Address		Secondary Email Address		
3. Name	Relationship	Primary Phone	Secondary Phone	
Primary Email Address		Secondary Email Address		
<b>Emergency contact name</b>		<b>Relationship</b>		<b>Phone</b>

**FOR OFFICE USE:**

CBC: \_\_\_\_\_

SORC: \_\_\_\_\_

FP: \_\_\_\_\_

FA: \_\_\_\_\_

REF: \_\_\_\_\_

**Disclosure and Release of Information Authorization**

I authorize **Lutheran Social Services of South Dakota** and **First Advantage** a consumer reporting agency, to retrieve information from government agencies and law enforcement agencies at the federal, state (including the Minnesota Bureau of Criminal Apprehension), or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received is limited to criminal history records.

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if subsequent to my service with Lutheran Social Services any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my service.

*I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that this release will remain in effect throughout my time with LSS.*

***Please print clearly and complete all fields or you may experience a delay in the application process.***

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Signature	Social Security Number	Today's Date
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Last Name	First Name	Middle Name
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Current Mailing Address	Current City	Current State	Current Zip
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Driver's License No.	State of License	Expires On	Birth Date
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List at least one MAILING ADDRESS in **each** CITY and STATE in which you have lived during the previous 7 years.

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List any other LAST NAMES you have used during the previous 7 years.

## Volunteer Agreement

Please *initial* where noted to confirm your understanding of the program guidelines. **I, undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of LSS Mentoring Services. I affirm that:**

- \_\_\_\_\_ The information I have provided in the application may be verified, and I give permission to Lutheran Social Services of South Dakota to make inquiry of others concerning my suitability to act as a volunteer.
- \_\_\_\_\_ In the course of volunteering as a mentor, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. This means that I will not discuss my senior's personal problems publicly or with others. If I need help, I will seek the assistance of LSS. I understand that this confidentiality does not apply to suspicions I may have about abuse, neglect, illegal activity, or suicide. If these issues arise, I will immediately contact program personnel.
- \_\_\_\_\_ The relationship between volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by the volunteer, the senior, or Lutheran Social Services.
- \_\_\_\_\_ I agree to attend orientation.
- \_\_\_\_\_ I agree to abide by the policies and guidelines of the program. I understand that failure to do so may result in termination of the mentoring relationship.
- \_\_\_\_\_ I understand that all activities shall take place only during mutually agreed upon times.
- \_\_\_\_\_ I will volunteer approximately four hours per month. In the event that I cannot attend as scheduled, I agree to contact my senior in advance of the scheduled meeting.
- \_\_\_\_\_ I am willing to commit to one year in the program and will be asked to renew my participation in subsequent years.
- \_\_\_\_\_ I understand that I will be able to meet in public locations throughout the community.
- \_\_\_\_\_ I will participate in an additional training, submit to additional background screening (fingerprinting, auto insurance, etc).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

### RETURN COMPLETED APPLICATION TO:

**LSS Mentoring Services**  
**705 E. 41st Street, Suite 220, Sioux Falls, SD 57104**  
FAX: 605-221-2404  
PHONE: 605-221-2403  
EMAIL: [mentoring@LssSD.org](mailto:mentoring@LssSD.org)  
[www.LssSD.org](http://www.LssSD.org)