

# House of Lazarus

## Student Volunteer Application Form

Please complete to the best of your abilities.

**\*All information is strictly confidential\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: Mailing: RR or Post office \_\_\_\_\_ Apartment \_\_\_\_\_

City/town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Street (if different from mailing): \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Birth Date \_\_\_\_\_

In case of Emergency we should contact:

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

When are you available to volunteer: Day(s) of the week please circle when you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 to 12:00	9:00 to 12:00	9:00 to 12:00	9:00 to 12:00	9:00 to 12:00	9:00 to 12:00

Additional comments \_\_\_\_\_

What area of work are you most interested in at the House of Lazarus? (please circle 1 or more)

Store	Sorting	Food	Annex	Other(e.g. Board Member/repairs)
cash/ upkeep	clothing	Bank	Support	Please specify _____

Comments \_\_\_\_\_

Why do you want to become a volunteer at the House of Lazarus? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Education/Experience:

Education: E.G.:What Grade are you in? \_\_\_\_\_

Previous Volunteer Work Experience: \_\_\_\_\_

Employment Experience: \_\_\_\_\_

Interests and hobbies \_\_\_\_\_

References:Please indicate two people other than family members we can contact as references.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Is there any other information about yourself that you would like to include that would be beneficial to you work with us? \_\_\_\_\_

Signature of Parent if applicant is under 18 years of age \_\_\_\_\_

Date: \_\_\_\_\_