

# VOLUNTEER

## TRINITY LUTHERAN SCHOOL & CHURCH

The Board of Christian Education, Elders, and Congregation endores the involvement of parents and community volunteers at Trinity Lutheran School and Church and recognizes the services of volunteers as essential to improving the quality of education for students in this school and church. The above, therefore, encourage parents and community members who are specially qualified because of interest, training, or experience to play an active role in the school and church. Twenty hours of service per family is required per year by the Board of Education of Trinity Lutheran School

The above kindly ask that the following application be filled out so that we may have a file available on volunteers in the office and for the teachers, pastor, and supervisors use.

### APPLICATION TO VOLUNTEER

Date of Application\_\_\_\_\_

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Street	City	Zip Code

\_\_\_\_\_ Telephone Number \_\_\_\_\_ Soc. Sec. Number (Optional)

Have you volunteered with Trinity Lutheran School and Church before? \_\_\_ Yes \_\_\_ No  
If Yes, How? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No  
Are you able to drive as a volunteer \_\_\_ Yes \_\_\_ No  
If Yes, please fill out the Driver information Form.

Have you ever been convicted of an offense other than a minor traffic violation? \_\_\_ Yes \_\_\_ No  
(Use separate sheet to explain nature of conviction, date, and court and attach to a wavier form.)

Have you ever been convicted or accused of a sexual crime involved in a substantial child abuse or neglect case? \_\_\_ Yes \_\_\_ No

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Special Skills and Qualifications

Summarize special job related or special skills and qualifications you have and could use when volunteering.

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Indicate any foreign language you can speak, read, and/ or write. Also, indicate degree of fluency:

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Application's Statement

I certify that answers given here in are true and complete to my best knowledge.

I authorize investigation of all statements contained in this application to volunteer at Trinity Lutheran School.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteers relationship with Trinity School is an "at will" which means that the volunteer may resign at any time and Trinity School may discharge the volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document, unless such change is specifically acknowledged in writing by an authorized executive of Trinity Lutheran School.

I understand that false or misleading information given in my application may result in discharge. I understand also that I am required to abide by all rules and regulations of Trinity Lutheran School.

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(Signature of Applicant)

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(Date)

# TRINITY LUTHERAN SCHOOL & CHURCH

## DRIVER INFORMATION SHEET

### DRIVER:

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Date of Birth

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Address

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Social Security Number

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Drivers License Number

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Phone Number

### Vehicle that will be used:

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Name

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Year/Make

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Address

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Model

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City, Zip Code

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License Plate Number

### Insurance Information:

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle. Note: The minimal acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

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Insurer

### Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid Michigan driver's license, and have the required coverage in effect on any vehicle used to transport students.

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(Signature)

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(Date)