



LOVE
for lane county

Serving Our Community | Loving Like Jesus

VOLUNTEER APPLICATION FORM

Love for Lane County

PO Box 23452, Eugene OR 97402

Phone: 541-653-8537

www.loveforlanecounty.org

Email: info@loveforlanecounty.org

TODAY'S DATE: ___/___/___

FIRST NAME: _____ LAST NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL: _____ HOME: _____ WORK (if ok to call): _____

EMAIL: _____

CHURCH: _____ in TOWN of: _____

WHO REFERRED YOU? _____ WHY ARE YOU INTERESTED IN LFLC?

Love for Lane County employees, volunteers and interns will serve all people with compassion, kindness, humility, gentleness, patience (Colossians 3:12) without regard to race, religion, sexual orientation, gender identity, or marital status. Love for Lane County has a biblically-based moral standard for its employees, volunteers, and interns. Any unrepentant behavior not consistent with such a biblical standard is not acceptable. Love for Lane County's aim is that all who serve through its ministry will cultivate an increasingly intimate relationship with God and grow in holy living through the grace of our Lord Jesus Christ.

STATEMENT OF FAITH

I believe in one triune God who expresses Himself in three persons: God the Father; Jesus Christ His one and only Son; and the Holy Spirit. I believe the Holy Bible to be the unique, inspired Word of God. I believe that salvation and eternal life are a gift of God, received by accepting Jesus Christ as my personal Lord and Savior for the forgiveness of sins.

Yes ___ No ___

Signature: _____ Date: ___/___/___

Have you been a **client of Love for Lane County**? No ___ Yes ___: the last date helped: ___/___/___ (approx.)

Have you attended the **Volunteer Training and Orientation**? Yes ___ No ___ Date: ___/___/___

STATUS: Employed: P/T ___ F/T ___ Retired ___ Other _____

AGE RANGE: 12-25 ___ 26-40 ___ 41-60 ___ 61 or above ___ **BIRTH MONTH/DAY:** (MM/DD) ___/___

LIMITATIONS: (List any personal limitation that would affect where we place you – time, physical or mental, allergies):

Hearing loss ___ Vision impairment ___ Recent surgery ___ No heavy lifting ___ Time constraint ___

Sitting/Standing issues ___ Mental/emotional disability ___ Allergies ___ Other _____

Please clarify: _____

AVAILABILITY: (Check the times you are available) Week day ___ Evening ___ Weekend ___

Preferred Days/Times: _____

WORK EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

INTERESTS/PASSIONS/SKILLS/STRENGTHS: _____

REFERENCES: Please provide two references, including a pastor or ministry leader

1 NAME: _____ RELATIONSHIP: _____ PHONE: _____

2 NAME: _____ RELATIONSHIP: _____ PHONE: _____

BACKGROUND CHECK: I am willing to have a background check done Yes ___ No ___

I am willing to pay the minimal cost ___ Please have Love for Lane County cover the cost ___

PERSONALITY TYPE: *(check all that apply)*

___ **People** – I am a people person and enjoy working with others. I prefer: *(circle all that apply)*

Adults / teens / children

Clients / other volunteers

Face-to-face/ Over the phone

Meeting new people / Developing relationships

___ **Paperwork** – I like office work. I prefer: *(circle all that apply)*

Calling volunteers / filing / data entry / mailings

If you specialize in any of these areas, please specify _____

PLACEMENT AREA: *(number areas of interest in your preferred order, where 1 is your first choice)*

___ Clearinghouse Call Center

___ Responding with help to Clearinghouse calls

___ Office (filing, calling, data entry)

BACKGROUND SUPPORT: I would also like to support the overall ministry *(check and circle all that apply):*

___ Pray – attend prayer meeting / receive emailed prayer sheet

___ Donate - finances / professional service

___ Be On-Call - for catering / bulk mail / errands / cleaning / events

FREQUENCY: *(indicate how often you would like to serve)*

___ Weekly ___ Bi-Weekly ___ Monthly ___ Quarterly ___ Special Project ___ On Call

--- **OFFICE USE ONLY** ---

NAME: _____ **DATE:** _____

COORDINATOR COMMENTS: _____

INTERVIEW NOTES: (Note any specifics not captured in T&O, e.g. has equipment to loan, drives a truck, has space to donate, wants more info on group opportunities, likes/dislikes, etc.)

VOLUNTEER SUPERVISOR: _____

DATABASE ENTRIES: (initials and date)

NLtrr _____ Voltr _____ Bday _____ BG ck _____