

2018 – 2019 ST. PAUL LUTHERAN SCHOOL

4941 W. Center St.
Millington, Michigan 48746
Phone 989-871-4581

VOLUNTEER INFORMATION FORM

NAME: _____ Grade _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ WORK PHONE: _____

When would you be able to help? _____

Number of hours per week: (Please circle) 0-2 3-5 6-8 9+

Best time of day: (Please circle) A.M. P.M.

Best day(s): (Please circle)
Monday Tuesday Wednesday Thursday Friday

1. Do you use illegal drugs? (Please circle) Yes No
2. Have you ever been convicted of a criminal offense? Yes No
(If yes, please explain below)
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3. Are you currently or have ever been involved in abuse neglect of children\adult? Yes No
(If yes, please explain below)
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4. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No
If yes, please explain on back

Signature _____ Birthdate _____