



## Volunteer Application

### Prerequisites:

- Submission of completed application, volunteer agreement, and all other necessary documents.
- Minimum age of 16, unless prior volunteer experience can be established.
- A background check is required for all volunteers 16 year of age or older.
- Payment of \$30.00 to the Living Arts and Science Center for background check (if financial assistance is necessary please contact us).
- Completed orientation.

### What an LASC volunteer looks like:

LASC volunteers are an essential part of the Living Arts and Science Center and they are known to be positive energetic, responsible, and hardworking. Thank you for choosing to give back to your community and invest in the arts and sciences through volunteering.

Let's all work together to make creativity grow!

### Return Application to:

**Justin Kirchner**

**(859)252-5222**

**362 Martin Luther King Blvd**

**Lexington, Ky. 40508**

**[jkirchner@lasclex.org](mailto:jkirchner@lasclex.org)**





## Volunteer Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

School \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ last grade completed: \_\_\_\_\_

**If you are under the age of 18:**

**Parent Permission**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you are volunteering with a group please specify the name of the group you are volunteering with:

\_\_\_\_\_

How did you learn about volunteering with LASC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your reasons for wanting to volunteer with the LASC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Volunteer Application

Have you ever been convicted of a crime other than a traffic violation?

If yes please explain \_\_\_\_\_ Date: \_\_\_\_\_

If over the age of 16, do you consent to a routine background check? \_\_\_\_\_

### Background Check Permission:

We are required to conduct a background check on anyone over 16 years of age or older. Please provide the below information:

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Please list three references of people that know you well other than relatives who can vouch for your character:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Volunteer Application

Please Check any events you are interested in volunteering for:

- Bike Prom
- Community / Neighborhood events
- No School Day or Summer Classes
- Day of the Dead Festival (October & November)
- H'Artful of Fun (February)
- Family Fun Day
- General Volunteering
- Gardening and outdoor clean-up
- Organizing
- Office Assistance
- Other: \_\_\_\_\_

### Photo Release

I give permission for the Living Arts and Science Center or those designated by the Living Arts and Science Center to collect and use my likeness, photograph, voice, written word, artwork, or direct quotes. Such documentation may be used on the Living Arts and Science Center website, in promotional, the newspaper, social media websites, and other such material. I release the Living Arts and Science Center from any liability or responsibility for this use.

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

### Emergency Contact

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please fill out below if you are under the age of 18

### Parent Permission

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_





## Volunteer Application

### Availability

One time volunteer Date: \_\_\_\_\_

Group or Organization: \_\_\_\_\_

### Weekly Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Do you need to fulfill a particular number of volunteer hours? Yes No

If yes, how many? \_\_\_\_\_

**In the space provided below please describe in detail your motivation for volunteering and what you hope to gain from your involvement with the LASC.**

