



# Volunteer Application

**Return this application to:**

Jamie Karolich Volunteer and Outreach Coordinator  
362 N. Martin Luther King Blvd  
Lexington, KY 40508  
Phone (859)252-5222  
Fax (859)255-7448.  
Questions? E-mail jkarolich@lasclex.org  
Website www.lasclex.org

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

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_

School \_\_\_\_\_

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

Interests \_\_\_\_\_

Hobbies \_\_\_\_\_

What age group do you enjoy working with and or feel most comfortable with? Circle all that apply

Preschool K-2 3-5 6-8 9-12 Adults

Would you consider yourself a behind the scene person or more of a leader?

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered with us before? Y N

Have you volunteered anywhere else?

Where?Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will this volunteer experience be fulfilling a requirement for your school or other organization? Y N

If yes how many hours do you need? \_\_\_\_\_

**Background Check Permission**

We are required to run a simple background check on those over 16 years of age, since you might be working with children. We will need your SS# \_\_\_\_\_ to do this.

Signature \_\_\_\_\_ Phone \_\_\_\_\_