



The Lutheran Hope Center -Ferguson Volunteer Packet

Thank you for your interest in becoming a volunteer at the Lutheran Hope Center. Please complete this application and return it to the Lutheran Hope Center at the Address provided on the form, or email a scanned cope to Rev. Micah Glenn at mglenn@thelutheranhopecenter.org.



Volunteer Application

Personal Information

Name _____ Gender Male Female
First Middle Last

Address _____

Street City State ZIP

Home phone _____ Cell phone _____

Name of employer _____

Work phone _____ Occupation _____

E-mail address _____

General Questions:

Briefly describe why you wish to become a volunteer.

Do you have previous experience volunteering or working with children? Please specify.

What qualities or skills do you feel you have that would benefit the children in our program?



Volunteer Application

Lutheran Hope Center – Ferguson Background Check form for Volunteers

Lutheran Hope Center – Ferguson Background Check Information for Volunteers Only

(Please write legibly and fill in all requested information)

Name _____

Full Address + City, State, Zip _____

Phone Number _____ Date of Birth _____

Social Security Number _____

Driver's License Number _____

State of Issue _____ Expiration Date _____

Email Address _____

Background Screening

Have you been convicted of any felony or misdemeanor?

Yes No

Do you currently have criminal charges pending against you?

Yes No

If the answer is YES to either or both questions, please explain:

Signature of Applicant: _____ Date: _____

Print Name: _____ Date: _____

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent tutor/mentor application forms, is grounds for dismissal from the program and any necessary legal actions that stem from such misinformation will be pursued to the fullest extent of the law. All legal fees associated with any legal action against a candidate for misrepresentation of information will be paid by the candidate. I also agree to submit to a background check on behalf of our tutoring program to ensure I am legally able to work with children. Rebecca's Garden Of reserves the right to terminate said relationship with candidate at any time if any other inappropriate actions are observed at any time.

Signature of applicant Date

Signature of witness Date

The Lutheran Hope Center - Ferguson
Community Empowerment Center of Ferguson
9420 West Florissant Ave
Ferguson, MO 63136