



Volunteer Interest Inquiry

Name _____

Phone (day) _____ (evening) _____ (fax) _____

Address _____

City/State/Zip _____

For more information about LSS Volunteer opportunities go to www.lssmn.org/volunteers.

The city/region I would like to volunteer in is: _____

I am interested in volunteering in the following activities: *please check all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Housing Maintenance | <input type="checkbox"/> Advisory or Board Committees |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Financial/Household Budgeting |
| <input type="checkbox"/> Supply Drives (i.e., toiletries, food) | <input type="checkbox"/> Helping a dining site/Meals on Wheels |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Friendly visitor/companion |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Event Volunteer |
| <input type="checkbox"/> Working with a group of clients | <input type="checkbox"/> Working one-on-one with single client |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Administrative assistance (i.e., filing, typing, data entry) |
| <input type="checkbox"/> Provide specific professional skills (i.e. plumbing, accounting) | |
| Please specify: _____ | |
| <input type="checkbox"/> Other: _____ | |

Specific Volunteer Opportunity, if known: _____

I would like to work in the following program areas:

- | | |
|--|--|
| <input type="checkbox"/> Housing Services | <input type="checkbox"/> Refugee Services/Employment Services |
| <input type="checkbox"/> Children/Youth Services | <input type="checkbox"/> Foster Grandparents/Senior Companions |
| <input type="checkbox"/> Guardianship Services for vulnerable adults | <input type="checkbox"/> Services for People with Disabilities |
| <input type="checkbox"/> Camp Knutson | <input type="checkbox"/> Senior Nutrition/Meals on Wheels |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Caregiver Support/Respite |
| <input type="checkbox"/> Crisis Nursery | <input type="checkbox"/> Other: _____ |

I would like to volunteer for a(n):

- | | | |
|---|--|--|
| <input type="checkbox"/> On-going, regular Commitment | | |
| <input type="checkbox"/> One-time Volunteer Opportunity | | |
| <input type="checkbox"/> Large Group Project | | |
| <input type="checkbox"/> _____ Number in Group | <input type="checkbox"/> _____ Number of Youth | <input type="checkbox"/> _____ Age Range of Volunteers |
| <input type="checkbox"/> Internship | | |
| <input type="checkbox"/> Disaster-relief | | |

I am available to volunteer at the following days of the week and times:

Please return this form to the specific program contact in the program you would like to volunteer. See www.lssmn.org/volunteers. Alternately you may email to volunteers@lssmn.org or mail to:

**Manager of Volunteer Services
Lutheran Social Service of Minnesota
2485 Como Ave.
St. Paul, MN 55108**