The Lukas Community PO Box 137 Temple, NH 03084 lukas@monad.net

VOLUNTEER APPLICATION

		Date			
PERSONAL INFORMA	<u>ATION</u>				
Name					
NameLa	st	First	Midd	Middle	
Present Address					
S	treet	City	State	Zip	
Permanent Address					
S	treet	City	State	Zip	
Telephone No		Cell Phone			
Email		Social Security			
Date of Birth:		Gender			
EDUCATION					
High School (years 9-12)		Location			
Dates Attended					
College/University		Location			
Dates Attended		Area of Study			
Other Training		Locatio	on		
Dates Attended		Area of Study			

<u>REFERENCES</u>
Provide us with the names of three persons not related to you whom you have known at least one year.

me
Address
Telephone No.
Business
Years Acquainted
me
Address
Telephone No
Business
Years Acquainted
ime
Address
Telephone No.
Business
Years Acquainted

COMMUNITY SERVICE

We are interested to learn how you have been active in community service, social action groups, and support for individuals with a disability or some other need.

Activity/Organization (Where possible, provide contact name, dates involved and details (phone/fax/email))

EMPLOYMENT HISTORY

Name of organization Dates and employer

Duties and responsibilities

SKILLS AND EXPERIENCE

Please list skills, experiences and talents that you would bring with you—such as people support and care skills, practical skills, administration, technical, homemaking, cooking, land care, musical, artistic, writing or teaching.

Skill/Talent/Experience (Explain how you might contribute to the community.)

MOTIVATION AND GOALS

Why do you want to join The Lukas Community?

What do you hope to gain? Please describe two or three specific goals that you would like to work toward during your experience at Lukas.

Life at Lukas is enriching and presents many challenges—physical, mental and emotional—and encompasses many outdoor activities. It is important that you have physical, mental and emotional stamina for participating fully in daily life here.

Please describe your ability to work under potentially demanding conditions as well as areas where you might need special support or are not willing/able to work.

Do you have any physical and/or mental health issues that would impact your ability to work under such conditions (past and present)?

Do you have any medical conditions?

Do you take medication presently or have you taken medication in the recent past? For what reason?