

Volunteer Application

Lake Region Heritage Center, Inc.

PO Box 245
Devils Lake, ND 58301

Business Office: 502 4th St. NE
Phone: (701) 662-37041

BACKGROUND INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Is verification of your volunteer hours required? ☐ Yes ☐ No

If yes, with which organization and why? _____

Have you ever been convicted of a violation of the law other than a traffic violation? If Yes, Explain.

INTERESTS AND AVAILABILITY

Skills and Hobbies: _____

What would you like to do while volunteering? _____

What would you like to gain by volunteering? _____

Please indicate the days and times you are available to volunteer.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

REFERENCES

Name: _____ Relationship: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Phone: _____ Years Known: _____

VOLUNTEER AGREEMENT

I agree to donate my services to the Lake Region Heritage Center (LRHC) and understand that I will not be paid for my services. I agree to abide by LRHC's rules, regulations, and policies while also behaving in an ethical manner. I understand that my volunteer position will be terminated if I do not abide by LRHC's rules, regulations and policies.

Volunteer Signature: _____ Date: _____

For Volunteers 18 Years and Younger

I give permission for _____ to volunteer with the Lake Region Heritage Center.

Parent/Guardian Signature: _____ Date: _____