



Lutheran Social Services of the Virgin Islands, Inc.

516B Hospital Street, Frederiksted, VI 00840-3824

Phone: (340) 772-4099 ext. 23 • Fax: (340) 772-0589

GROUP VOLUNTEER APPLICATION

Email completed application to: volunteering@lssvi.org Questions? Call 340-772-4099 ext. 23
GOVERNMENT-ISSUED PHOTO ID MUST ACCOMPANY VOLUNTEER APPLICATION.

Group Name _____

Mailing Address _____

City, State/Territory, Zip code _____

Email _____ Cell Phone# _____

Group Status New Returning (If returning, year of last visit) _____

Volunteer age group(s): _____ Number of volunteers: _____

SECTION 2

• What population/program would you most like to work with? (check all that apply)

- Administration Adults with disabilities Children Children with disabilities Seniors
- Maintenance Queen Louise Home for Children Early Head Start Sister Emma Cottage
- Ginger Thomas Residence Flamboyant Gardens Ebenezer Gardens
- Yellow Cedar Residence

• What date are you available to begin? _____ • What dates/times are you available?

Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____
Date: _____	Start Time: _____	End Time: _____

Will the group bring supplies? YES NO If yes, please list below. _____

List all project(s) that the group is interested in completing during visit:

Give a brief history of your group:

List the names of **ALL** volunteers that will participate as the group.

1.	15.
2.	16.
3.	17.
4.	18.
5.	19.
6.	20.
7.	21.
8.	22.
9.	23.
10.	24.
11.	25.
12.	26.
13.	27.
14.	28.

29.	39.
30.	40.
31.	41.
32.	42.
33.	43.
34.	44.
35.	45.
36.	46.
37.	47.
38.	48.

Media Release

I fully authorize Lutheran Social Services of the Virgin Islands, Inc. (LSSVI) to publish photographs taken of this volunteer group, for use in LSSVI's print, online and video-based marketing materials, as well as other LSSVI publications. I hereby release and hold harmless LSSVI from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I waive financial compensation of any type in association with the taking or publication of these photographs or participation in company marketing materials or other LSSVI marketing materials or other LSSVI publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release LSSVI, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Please choose from the following options and initial appropriately:

_____ **I authorize the release of information as indicated above.**
 (Initial above)

_____ **I DO NOT authorize the release of information as indicated above.**
 (Initial above)

I, as a representative of my volunteer group, understand that as a volunteer group of Lutheran Social Services of the Virgin Islands (LSSVI), I am in agreement with the following:

1. We are willing to perform various functions at my discretion; We understand that we are not expected or required to perform these functions and can stop at any time;
2. We do not expect to receive any compensation or benefits from our efforts from LSSVI;
3. We acknowledge that we are not employees of LSSVI (or any affiliate of LSSVI);
4. LSSVI or any resident benefiting from our services has the right to discontinue our volunteer services at their discretion;
5. We will be required to submit to a background check conducted by LSSVI via the Dru Sjodin National Sex Offender Public Website (www.nspow.gov). We understand that eligibility decisions may be based upon information LSSVI obtains through said check.

6. We understand that as a volunteer of LSSVI, we are responsible for providing automobile and health insurance for our volunteers.
7. We agree not to hold LSSVI or any of its staff, associates, residents, clients, or management liable for any physical, emotional, or personal property damage that are a direct or indirect result of activities involved in this volunteer placement. This includes any and all activities we chose to perform as volunteers.
8. We have read this agency's policies and procedures, and agree to act in accordance with them while volunteering at this agency.

I certify that the above information provided on this form is true and correct.

Print representative name

Representative Position

Representative signature

Date

THE INFORMATION ABOVE IS VALID FOR 180 DAYS FROM DATE SIGNED.