



Cedar Lake Residences

7984 New LaGrange Rd.
Louisville, KY 40222

502/327-7706
502/327-7417 FAX
www.cedarlake.org

Volunteer Service Application

Locations

Oldham County:
LaGrange

Henry County:
Smithfield
Pendleton

Louisville/Jefferson Co.:
Highlands
St. Matthews
Crescent Hill
Hikes Point
Okolona
Fern Creek

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-Mail Address _____

Are you currently over 18 years of age? Yes No

Current Employer: _____

May we call you at work? Yes No Work Phone: _____

EDUCATION

Circle Highest:	High School	College	Graduate	GED
Grade Completed:	9 10 11 12	1 2 3 4	1 2 3 4	

Major: _____ Degree: _____

How did you hear about Cedar Lake Residences volunteer program? _____

When are you available to volunteer: Days Nights Weekends

PREVIOUS VOLUNTEER EXPERIENCE

Hobbies, Skills & Special Interests: _____

Thank you for your interest in volunteering at Cedar Lake Residences, Inc. Please make sure to print clearly and provide all requested information. Missing information may delay the processing of your application.

Have you ever been charged with a misdemeanor or criminal offense? Yes No

If yes, please explain: _____

Have you ever been convicted of a misdemeanor or criminal offense? Yes No

If yes, please explain: _____

(A conviction does not automatically mean you can not volunteer. The nature of the offense and how long ago are important. Use additional sheets if necessary. Give all facts so an appropriate decision can be made.)

PERSONAL REFERENCES Please list three people whom you have known for at least one year and can attest to your character, skills and dependability. Do not include relatives.

1. _____
Name Phone Relationship

_____ Street Address City, State Zip

2. _____
Name Phone Relationship

_____ Street Address City, State Zip

3. _____
Name Phone Relationship

_____ Street Address City, State Zip

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

PLEDGE OF CONFIDENTIALITY:

I hereby pledge that I shall safeguard and treat as **confidential** all information (whether acquired through verbal communication, written record, or observation) pertaining to any client, relative or friend of any resident or client, staff member, or volunteer of Cedar Lake Residences, which I may through my affiliation with the agency, so acquire.

I HAVE READ AND UNDERSTAND THE FOREGOING PLEDGE OF CONFIDENTIALITY

Signature of Applicant

Date