



**VOLUNTEER REQUEST FORM**  
**Lutheran Family and Children's Services**  
9666 Olive Blvd., Suite 400, St. Louis, MO 63132  
314-787-5100 [www.lfcsmo.org](http://www.lfcsmo.org)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone : \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you currently in school? Yes No What year in school? \_\_\_\_\_

Are you seeking community service hours for school requirement? \_\_\_\_\_

At which location would you like to volunteer? \_\_\_\_\_ St Louis \_\_\_\_\_ Columbia  
\_\_\_\_\_ Springfield \_\_\_\_\_ Cape Girardeau

What is your time availability for volunteering? \_\_\_\_\_  
(one day a week, one day a month, occasionally, etc.)

How did you hear about LFCS? \_\_\_\_\_

Which of the following opportunities interests you?

- \_\_\_\_\_ helping to supervise a group of 0-3 year old children during Parent Café
- \_\_\_\_\_ answering phones and greeting clients at the front desk
- \_\_\_\_\_ filing, data entry, and other office projects
- \_\_\_\_\_ helping to organize donations in the donation closet
- \_\_\_\_\_ stuffing envelopes for Development mailings
- \_\_\_\_\_ special event volunteer

Thank you! Our Volunteer Coordinator will contact you in the next few days to talk about the next steps with you.