

Salem Lutheran Church  
PO Box 100  
21276 Archibald Road  
Deerwood MN 56444  
218.534.3309  
[office@salemdwd.org](mailto:office@salemdwd.org)

Salem WEST  
218.534.4962  
[west@salemdwd.org](mailto:west@salemdwd.org)

The Mustard Seed  
218.534.2945  
[mustardseed@salemdwd.org](mailto:mustardseed@salemdwd.org)

## VOLUNTEER INFORMATION

*Please complete this form so that we can have the necessary information for our files*

NAME \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*Why are you interested in volunteering with Salem Lutheran Church?* \_\_\_\_\_

*If this is for school internship or community service, please list advisor name and contact information...*

*Please indicate which of our Social Ministry Programs you would like to offer your volunteer services, i.e.: Salem WEST, The Mustard Seed, Church office, Ministry program (Children, Youth, Finance, etc. )*

Parental Permission (if under 18 years of age)

I, \_\_\_\_\_, agree that my child \_\_\_\_\_

may participate as a volunteer with Salem Lutheran Church's Social Ministry (or other ministry program).  
I will be responsible for the transportation of my son/daughter to and from volunteer jobs and events.

Date \_\_\_\_\_