

Volunteer Application

Date:

PERSONAL DATA

| First Name: | Last Name: | | |
|---------------------------------------------------------------------|----------------------|-------------|--|
| Address: | | | |
| | | | |
| City: | State: | Zip Code: | |
| Home Phone: | Cell: | | |
| Are you over 18 years old? 🛛 Yes | 🗆 No | | |
| Email Address: | | | |
| | | | |
| EMERGENCY CONTACT | | | |
| Name: | Relationship to you: | | |
| Home Phone: | Cell: | Work Phone: | |
| | | | |
| EMPLOYMENT INFORMATION Employer/Past Employer (if not employed): | | | |
| | | | |

Phone #:

BACKGROUND INFORMATION/SKILLS

Position/Title:

Background information/skills that you would like us to know about:

| Preferred Location(s) for volunteering: | Availability: (check all that apply) | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|
| Minneapolis, Minnesota | □M □Tu □W □Th □F □Sa □Su | | |
| Ely, Minnesota | Days Devenings | | |
| Remotely From Home | □ Other: | | |
| Some tasks require an ongoing commitment; are you able to make a regular commitment? NO YES | | | |
| Volunteer Interests: (check all that apply) Please check professional services, skills, training or interests that might apply as a volunteer. | | | |

| □ Booths/Expos | □ Grounds Maintenance | □ Office/Clerical | □ Volunteer Program Support |
|-----------------|-----------------------|-------------------|-----------------------------|
| □ State Fair | Exhibit Maintenance | Monthly Mailings | Graphic Design |
| Public Speaking | Special Events | Copy Writing | Web Design |
| Photography | Fundraising | Editing | □ Marketing/PR |
| | | Carpentry | Grant Writing/Research |

PREVIOUS VOLUNTEER EXPERIENCE

Current/Past Volunteer Experience - Place and Position/duties:

| Organization: | Position: | Responsibilities: |
|---------------|-----------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

List two references, that can speak to your work ethic and experience (cannot be related to you):

| Full Name: | Address: | Phone #: |
|------------|----------|----------|
| | | |
| | | |
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| | | |
| | | |

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my time as a volunteer.

Signed:

SUBMIT