

Volunteer Application

Volunteer's Information

Today's Date: _____
mm/dd/yyyy

Name: _____ (first) _____ (last) Gender: Male Female

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Date of Birth: _____ Note: Volunteers must be of High School age or older
mm/dd/yyyy

If you are over 17 years of age please be aware that you will be required to apply for a Police Reference Check, where a volunteer will have direct contact with children or vulnerable persons

Are you Currently enrolled in school? Yes No If under 18, what grade in school: _____

Are you a Member of the MNjcc? Yes No Are you a year-round resident: Yes No

Are you enrolled in an internship program? Yes No If yes, where? _____

I need community service hours? Yes No If yes, how many? _____

What are your goals and motivations for volunteering: _____

Please indicate the days and times during the week that you are available to volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Sunday: _____

Number of hours desired per week: _____ When would you be able to start: _____

Emergency Contact

Name: _____ Phone #: _____ Relationship: _____

Education & Experience

Please attach a current resume that highlights your:

- Education (Including course of study and degrees obtained)
- Employment History
- Volunteer Experience

References

If you are under the age of 17 please attach two (2) letters of reference (Not related to you.)

If you are over 17 please identify 3 references below:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Skills and Interestes

Check off any of the following skills you many have and provide details:

- Inclusion/Accessibility: _____
- Clerical Work: _____
- Programs & Special Events: _____
- Fundraising: _____
- Reception/Phones: _____
- Working with Children: _____
- Working with Seniors: _____
- Foreign Languages: _____

Other Skills: Please list and describe any other skills or interests you may have: _____

Applicant's Statement

I certify that all answers given by me are true, accurate and complete, and I understand that the falsification and any misrepresentation or material omission of fact made by me on this application or on any other accompanying or required documents, will be sufficient cause for cancellation of this application, denial of volunteer opportunities, or immediate dismissal from volunteer work at the MNJcc, regardless of when or how disclosed. The use of this application form does not indicate there are volunteer positions open and does not in any way obligate the agency.

I acknowledge that I have read and understand the above statements and I give the MNJcc the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. **I also authorize the MNJcc to conduct a complete background screening.** I hereby release from liability the MNJcc and its representatives for seeking, gathering and using such information and all persons, corporations or organizations for furnishing such information. I hereby agree to be background checked and finger printed, if required, if I volunteer with children or vulnerable adult population. Please note that personal information collected and disclosed, pursuant to the Police Services Act, will only be disclosed to the applicant upon receipt of the applicant's written consent. It is up to the applicant to provide the MNjcc with the results of the reference check by submitting the original stamped report from the Police Services.

I understand that before I become a volunteer I must attend a MNJcc interview/orientation.

I understand that if I become a volunteer for the agency, I must conform to the rules of the agency. I understand that I have the right to terminate my volunteer status at any time with or without notice, with or without cause, and that the agency has a similar right.

I understand that if I become a volunteer with the agency, confidential information regarding the agency and/or its clients, customers and employees may be available to me and that this information must not be disseminated or used except for the agency's benefit. I agree to keep all information about the agency, including such information regarding its business methods, protocols, clients, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the agency.

Thank you for completing this application form and for your interest in volunteering with us.

Signature of Applicant

Date

Office Use Only:

Date Receieved: _____ Interview Date: _____

Interviewed by: _____ Assignment: _____