



Volunteer Application Form

Please Print

Date of Application: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell: _____

Fax: _____ Email: _____

(Please Circle) Employed Student Unemployed Retired

Employer Name: _____

Address: _____

Phone: _____ May we contact you at work? Yes No

Job Title: _____

Emergency Contact Person: _____

Phone Number: _____ Relationship to you _____

How did you learn about MNCASA?

What interests you in being a volunteer for MNCASA?

Explain any previous volunteer experience.

Briefly describe your educational history.

Briefly describe your career history.

Please explain the computer skills or knowledge that you possess.

Your Availability

Days _____ Evenings _____ Weekends _____

Hours per week: _____ Length of commitment _____ months or _____ one-time opportunity

INTERNSHIPS:

Are you applying for an internship? Yes _____ No _____

If yes, how many hours do you need to complete supervision requirements?

When do you need the internship to take place? _____

What are the supervision requirements for the internship?

Do you have any physical disabilities or health concerns which would prevent you from performing certain kinds of work or in a certain work environment? Yes _____ No _____

If yes, please explain:

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure a volunteer or internship placement. I also understand that this is not an application for paid employment.

Applicant's Signature: _____ Date: _____

Please remit application to:
MNCASA
Attn: Volunteer
161 St. Anthony Avenue, Suite 1001
St. Paul, MN 55103
Phone: (612) 313-2797/Fax: (612) 313-2799

REFERENCES:

Please provide the necessary information below for three non-related references whom you have known for at least one year that may be contacted by MNCASA/SVJI staff for further information.

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code _____
How long have you known this person? _____
Relationship? _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code _____
How long have you known this person? _____
Relationship? _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code _____
How long have you known this person? _____
Relationship? _____

Release of Information:

I have applied to MNCASA for a volunteer/intern position that may require that I provide references that can be contacted, so that MNCASA will be fully advised of my qualifications for this position. I, therefore, respectfully request that you furnish the necessary information, and I hereby release you from any and all liability of damages for providing the information requested. I understand that this information will be kept confidential. I further authorize my signature to be duplicated for purposes of this information request, and acknowledge that duplicate copies of this request are valid.

Applicant's Signature _____ Date: _____