



Volunteer Application

Name:

Date:

Address:

Phone #:

Email:

What types of volunteer services are you interested in?
(check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Organizing Supplies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> On-call |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Undecided |

What strengths, skills, or personal characteristics do you believe you have that will help you to do volunteer work with McLeod Alliance?

Describe your personal social support system.

Training will be provided for the specific areas in which you will volunteer. Are you willing to invest time for the training needed?

Yes No

Training is an investment of time for existing staff; therefore, a commitment of volunteer time must be made. Are you willing to invest at least six hours of volunteer services during the first six months following training?

Yes No

Do you have a valid Minnesota Driver's License?

Yes No

Driver's License Number: _____

A criminal history background check will be completed for each new volunteer. Are you willing to provide the needed information for the background check?

Yes No

Please list two professional references from prior or existing employment/volunteer experience:

| Name | Company & Address | Telephone |
|------|-------------------|-----------|
| | | |
| | | |

I give permission to contact the persons listed above for references.

Applicant Signature

Date