



## Volunteer Opportunity Application

712 Canterbury Road South  
Shakopee, MN 55379  
Phone: 952-496-2125  
Fax: 952-402-9815

110650 Village Road  
Chaska, MN 55318  
Phone: 952-960-9700  
Fax: 952-960-9699

2496-145th St West  
Rosemount, MN 55068  
Phone: 651-322-3500  
Fax: 651-322-3555

### Please Print

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (first)

Address: \_\_\_\_\_  
(street) (city, state) (zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Job Title (if employed): \_\_\_\_\_ Retired: \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

May we contact your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Birth Date (year Optional): \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Are you willing to drive as part of the volunteer work? \_\_\_\_\_

If yes, Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

### EMERGENCY CONTACT - Person to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

**Volunteer Opportunities which interest you (in order of preference):**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Special Skills/Hobbies/Interests:** (please check all that apply)

- |                                       |                                  |                            |
|---------------------------------------|----------------------------------|----------------------------|
| _____ Lawn mowing/yard clean up       | _____ Driving/transporting       | _____ Group facilitator    |
| _____ Snow shoveling                  | _____ Teaching life skills       | _____ Child care           |
| _____ Maintenance/handiwork           | _____ Interior/exterior painting | _____ Mentoring youth      |
| _____ Speaking to a group             | _____ Contacting people by phone | _____ Foreign language     |
| _____ Entering data/computers         | _____ Tutor adults/youth         | _____ Serving food (meals) |
| _____ Assist w/application completion | _____ House Cleaning             | _____ Delivering meals     |
| _____ Hand out informational flyers   |                                  |                            |
| _____ Other (please describe) _____   |                                  |                            |

**Volunteer Availability:**

Please indicate the times you are available to volunteer:

- | <u>Monday</u>                      | <u>Tuesday</u>                     | <u>Wednesday</u>                   | <u>Thursday</u>                    | <u>Friday</u>                      | <u>Saturday</u>                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning   |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening   |

My name may be used in the CAP Agency Annual Report: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any physical disabilities or health concerns which would prevent you from performing certain kinds of work?

\_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience**

Organization: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Type of volunteer work performed: \_\_\_\_\_

Organization: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Type of volunteer work performed: \_\_\_\_\_

Do you speak any other languages? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which language(s)? \_\_\_\_\_

### Conviction Record

Please read this section carefully before answering. You are not required to answer the following, however the CAP Agency may decide against placement, particularly in certain roles. Have you ever been convicted, pleaded guilty or no contest to a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following section:

A criminal conviction record does not by itself constitute an absolute bar to placement. The CAP Agency will examine the nature of the conviction record, subsequent rehabilitation and responsible behavior, and the responsibilities of the position sought in making each decision regarding volunteer placement.

Charge	Date of Conviction	State and County of Conviction	Nature & Length of Sentence	Dates of Probation/Parole

\*\*\*Volunteer opportunities may require criminal background checks before placement\*\*\*

The information in this application is accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

Your signature indicates your approval for us to verify references. The CAP Agency is not obligated to provide placement, nor are you obligated to accept the position offered.

\_\_\_\_\_  
Signature of Parent or Guardian Applicant Date: \_\_\_\_\_

**Volunteer opportunities are provided without regard to religion, creed, race, national origin, disability, age, or sex.**

## Personal/Professional References

**Important:** Please print the complete names and addresses of your references so they are easily readable. References should be by people who are not related to you and who know your suitability for the position for which you are applying, such as coworkers, neighbors, friends, pastors, etc. We ask that you sign the "Release of Information" requested below so that we may notify your references of your desire for their response to the reference inquiry they will receive from the CAP Agency. **Our policies require that reference records be on file before you can be placed in certain volunteer positions.**

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (city) (state) (zip)

How long have you known this person? \_\_\_\_\_

Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (city) (state) (zip)

How long have you known this person? \_\_\_\_\_

Relationship: \_\_\_\_\_

### Release of Information Request:

I have applied to the CAP Agency for a volunteer position, which may require that I provide references who can be contacted so the CAP Agency may be fully advised of my qualifications for this position.

I, therefore, respectfully request that you furnish the necessary information (to my references listed above), and I hereby release you from any and all liability of damages for providing the information requested.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_