

Volunteer Application

The information you provide is Confidential. It will be used only in the best interest of the Roseville Area Senior Program, to determine the most suitable volunteer position for you. All applicants will receive consideration for volunteer opportunities.

PLEASE PRINT CLEARLY

NAME: Last _____ First _____ Middle _____

Home Address _____

City _____ State _____ Zip Code _____

E-mail address _____ Home Phone # _____ Cell Phone # _____

Person to notify in case of emergency:

Name _____

Phone Number _____ Relationship _____

References Name, Address, Phone Number, Email (employer, other volunteer job)

1. _____

2. _____

Special Skills I have to share: (computer knowledge, news writing, marketing, fundraising, photography, etc.)

Education/Training _____

List Previous Volunteer Work

Do you have any medical conditions that would affect your ability to perform your volunteer duties which we should be aware of? Yes No

If yes, please explain. _____

How did you hear about volunteer opportunities at the Roseville Area Senior Program?

Newspaper Board Member Friend Church/School Presentation
 Hands on Twin Cities Volunteer Match Volunteer Brochure Volunteer Fair
 Corporate Referral Social Media Other

Why do you want to volunteer for the Roseville Area Senior Program?

I am available to volunteer: (check all days, time which apply and how often)

Day(s) Time(s)

Monday	_____ morning	_____ afternoon	_____ evening
Tuesday	_____ morning	_____ afternoon	_____ evening
Wednesday	_____ morning	_____ afternoon	_____ evening
Thursday	_____ morning	_____ afternoon	_____ evening
Friday	_____ morning	_____ afternoon	_____ evening
Saturday	_____ morning	_____ afternoon	_____ evening
Sunday	_____ morning	_____ afternoon	_____ evening
_____ Daily	_____ Times a Week	_____ Twice a Month	_____ Once a Month
_____ Entire year	_____ Three Months	_____ Six Months	_____ Flexible Schedule

To be completed by Meals on Wheels, Medical Transportation or Friendly Visitor Plus Volunteer Applicants

MN Drivers License # _____ Restrictions (if any) _____

Insurance Provider _____ Policy Number _____

Car Type (van/sedan, etc)/Model _____ Car License Plate # _____

Church (if applicable) _____

Have you participated in the "Over 55 Alive" driving program? _____ Date _____

Have you had any moving violations within the past 5 years? _____ Date(s) and violation _____

I certify that the information I have given in this application is accurate and up-to-date. I understand that submitting this application does not guarantee an assignment by the volunteer department. I understand that if I have mis-represented application information and/or failed to adhere to program guidelines, I may have my application approval withdrawn. I understand the Roseville Area School district may conduct a background check on me pursuant to the Vulnerable Adult Protection Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so.

I also agree to allow the Roseville Area Senior Program/Roseville Area Schools has the right to publish or use in any lawful manner the photographs, films, written material and sound recordings of me or of my property.

Signature

Date

Please return completed form to:

Roseville Area Senior Program/ Program Coordinator
1910 West County Rd B Roseville MN 55113
651-604-3520 rasp@isd623.org

INDEPENDENT SCHOOL DISTRICT 623 is an equal opportunity employer and does not
Discriminate based on any legally protected status under federal, state or local law.

