

Central Minnesota Council on Aging Volunteer Application



Thank you for your interest in becoming a volunteer with CMCOA.
We look forward to meeting with you and learning about your volunteer goals.

Personal Information

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____ Birth Date: _____

Gender (optional): Male Female Ethnicity (optional): _____

Emergency Contact: _____ Relationship: _____

Contact's Home Phone: _____ Business/Cell phone: _____

General Information

How did you hear about our volunteer opportunities? _____

Where else have you served as a volunteer? _____

Please list relevant skills/experience/technology skills/interests and hobbies: _____

Current employment: Full-time Part-time Not employed Retired

Employer: _____ Position: _____

Are you presently a student? Full-time Part-time Not a student

Educational degrees, licenses and certifications: _____

Languages spoken: _____

Availability

Preferred days/hours to volunteer: _____

How many hours per month would you like to volunteer? _____

Would you prefer a fixed or flexible volunteer schedule? Fixed Flexible

Would you be willing to drive to a neighboring community? Yes No

Would you be willing to meet consumers in their homes? Yes No

References: Please list ONE professional and TWO personal references (non-family members) that we may contact regarding your application.

Name	E-mail Address	Telephone Number	Relationship to you	Years Known

I certify that all information I have provided in this application is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for volunteer opportunities, or (2) discharge me from a volunteer position.

I understand that all volunteer positions with Central Minnesota Council on Aging require personal and professional reference checks. I authorize any person, school, employer, and organization named in this application form to provide relevant information and opinion that may be useful to the agency in making a volunteer placement decision, and I release such person and organizations from any legal liability in making such statements.

I understand that acceptance as a Central Minnesota Council on Aging volunteer and assignment to a volunteer position is based on assessment by agency staff and the availability of a suitable position for me. I also understand that submitting this application does not obligate me to volunteer with Central Minnesota Council on Aging.

Signature

Date

Central Minnesota Council on Aging is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, and genetic information.

Please return application to:

Central MN Council on Aging
Attn: Volunteer Coordinator
3333 W Division Street, Suite 217
St. Cloud, MN 56301