

# 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 and resume to:**

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