

# Volunteer Services of Carlton County

## Volunteer Application Form

Carlton County

Aitkin County

St. Louis County

RSVP

Volunteer Services

Today's Date

Last Name

First Name

Middle Name

Veteran

Preferred nickname: \_\_\_\_\_

### Home Address

Street Address

Apartment Number

City

State

Zip Code

Home Phone Number

( )

Other Phone Number

( )

E-mail Address

### Personal Information

Date of Birth

Month: Day: Year:

I am under age 18

I am age 18 to 55

I am age 55 or older

### Gender

Female

Male

### Race

Caucasian

Asian

Mixed Race

Other

African American

Hispanic

Native American

### Marital Status

Married

Single

Widow

### Beneficiary for Supplemental Accident Insurance:

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

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

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

Phone: \_\_\_\_\_

### Emergency Contact Person:

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

Phone: \_\_\_\_\_

Drivers Lic. #

Car Insurance Co.

Expiration date

Policy #

### Do you plan to:

Drive myself

Ride with spouse/friend

Bus

Walk

### Do you want Mileage Reimbursement if applicable.

Yes

No

### How have you learned about us

Friend  Newspaper

Radio  Other

TV  Staff

### Employment Information

Current/Past Employment: \_\_\_\_\_

Employed

Un-employed

Retired

Student

### Education

6th grade

8th grade

High School

Vocational School

College

Other \_\_\_\_\_

**Please complete both sides  
(turn over)**

**Interest/Skills (Please check any that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Gardening                 | <input type="checkbox"/> Public Speaking                           |
| <input type="checkbox"/> Adult Literacy         | <input type="checkbox"/> Grant Writing             | <input type="checkbox"/> Quilting                                  |
| <input type="checkbox"/> Animals                | <input type="checkbox"/> Grocery Shopping          | <input type="checkbox"/> Reading                                   |
| <input type="checkbox"/> Art/Painting           | <input type="checkbox"/> Historical                | <input type="checkbox"/> Respite                                   |
| <input type="checkbox"/> Auto Mechanic          | <input type="checkbox"/> Homeland Security         | <input type="checkbox"/> Sewing                                    |
| <input type="checkbox"/> Baking/Cooking         | <input type="checkbox"/> Horseback Riding          | <input type="checkbox"/> Singing/Musical Instrument                |
| <input type="checkbox"/> Bulk Mailings          | <input type="checkbox"/> Hospice                   | <input type="checkbox"/> Tax Return Assistant                      |
| <input type="checkbox"/> Cards                  | <input type="checkbox"/> Knitting                  | <input type="checkbox"/> Teaching Arts & Crafts                    |
| <input type="checkbox"/> Carpentry              | <input type="checkbox"/> Juvenile Delinquency      | <input type="checkbox"/> Telephone                                 |
| <input type="checkbox"/> Camp Counselor         | <input type="checkbox"/> Law/Crime Prevention      | <input type="checkbox"/> Tutoring                                  |
| <input type="checkbox"/> Cleaning               | <input type="checkbox"/> Library                   | <input type="checkbox"/> Writing                                   |
| <input type="checkbox"/> Collecting             | <input type="checkbox"/> Maintenance               | <input type="checkbox"/> Yard Work _____ (please name one on line) |
| <input type="checkbox"/> Crocheting             | <input type="checkbox"/> Mentoring                 | <input type="checkbox"/> Outdoor Recreation _____                  |
| <input type="checkbox"/> Computer               | <input type="checkbox"/> Ministry                  | <input type="checkbox"/> Sports _____                              |
| <input type="checkbox"/> Dancing                | <input type="checkbox"/> Missions                  | <input type="checkbox"/> Crafts _____                              |
| <input type="checkbox"/> Disaster Relief        | <input type="checkbox"/> Office Skills             | <input type="checkbox"/> Hobbies _____                             |
| <input type="checkbox"/> Driving                | <input type="checkbox"/> One-to-one visiting       | <input type="checkbox"/> Medical Professional _____                |
| <input type="checkbox"/> Entertainment/Music    | <input type="checkbox"/> Outdoors                  | <input type="checkbox"/> Business Professional _____               |
| <input type="checkbox"/> First Aid/CPR          | <input type="checkbox"/> Photography               | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Food Preparation       | <input type="checkbox"/> Playing Cards/Games/Bingo |  |
| <input type="checkbox"/> Fund Raising           | <input type="checkbox"/> Program Surveys           |  |

**Availability:** Please check the times you are usually available for a volunteer assignment:

<b>Sunday</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	<b>Monday</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	<b>Tuesday</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	<b>Wed.</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	<b>Thurs.</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	<b>Friday</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
					<b>Saturday</b> <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings

<b>Clients I'd like to work with include:</b>	
<input type="checkbox"/> Pre-school	<input type="checkbox"/> Elementary Students
<input type="checkbox"/> Teens	<input type="checkbox"/> Any
<input type="checkbox"/> Senior citizens	<input type="checkbox"/> Other:
<input type="checkbox"/> Physically challenged	<input type="checkbox"/> No client contact

**Please return to:**  
**Volunteer Services of Carlton County, Inc.**  
**1219 14th Street Suite D**  
**Cloquet, MN 55720**

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer.

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

**FOR OFFICE USE ONLY:**

Station(s) assigned \_\_\_\_\_

Job assigned \_\_\_\_\_

Date Assigned \_\_\_\_\_

Welcome Package Sent \_\_\_\_\_ (date)

Entered in Computer \_\_\_\_\_ (date) By: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_