

VOLUNTEER APPLICATION

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the volunteer process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read the "APPLICANT NOTE" below.
2. Complete both sides of this form.
3. Print clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE: _____

NAME: _____
Last
First
M.I.

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

CURRENT ADDRESS: _____
Street

ARE YOU A MEMBER OF THE INTERNATIONAL WOLF CENTER? Yes No

_____ *City* *State* *Zip*

APPLICANT NOTE

Please answer all appropriate questions completely and accurately.

Are you 18 or older? Yes No How soon are you able to volunteer? _____

For which schedules are you available? Weekdays Weekends Days Evenings Other _____

In what location are you most interested in volunteering?

- Minneapolis/St. Paul MN Area Ely, MN Interpretive Center Remotely from Home

Would you prefer to: Work with people Work on a given task

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16
 16+

NAME	CITY/STATE	GRADUATE?
High School		
College		
Other		

SECURITY

Yes No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.
(In accordance with company policy this information will be reviewed for volunteer relatedness and time since last conviction and will not necessarily affect your eligibility to volunteer.)

Please note, volunteers working in certain situations will be required to undergo a full background check. We will request additional information from you should that instance arise.

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

PREVIOUS VOLUNTEER EXPERIENCE

Please list other organizations for which you have volunteered and what you did for them:

How would you describe yourself?

VOLUNTEER POSITION APPLYING FOR

DATE

MIDDLE

FIRST

LAST

INITIALS

SKILLS AND INTERESTS

Please mark any professional services, skills, training or interests that might apply as a volunteer.

- | | | | | |
|---|--------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Office work | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Data-entry | <input type="checkbox"/> News Writing |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Web design | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Technical Writing | <input type="checkbox"/> Editing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Legal | <input type="checkbox"/> Media Contacts | <input type="checkbox"/> Computer Programming | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teaching | <input type="checkbox"/> Grant Writing/Research | | |
| <input type="checkbox"/> Other _____ | | | | |

Please check the areas you would be interested in volunteering.

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Booths | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Visitor Services |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Education | <input type="checkbox"/> Communication | <input type="checkbox"/> Volunteer Program Support |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Filing | <input type="checkbox"/> Mailings | <input type="checkbox"/> Phone work |
| <input type="checkbox"/> Other (please list) _____ | | | |

Some tasks require an ongoing commitment; are you able to make a regular commitment? Yes No Yes No If the volunteer role requires, do you have the appropriate valid driver's license?

DL# _____ Type _____ State of Issue _____

 Yes No Have you had any moving violations? Please describe: _____**EMERGENCY CONTACT**

Please list an emergency contact: Name: _____

Relationship: _____ Phone: _____

REFERENCES

Please list two professional and/or personal references. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

CERTIFICATION

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my time as a volunteer. I also understand that the use of illegal drugs is prohibited during my time as a volunteer.

RELEASE

Signing certifies and authorizes the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, former employers and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant Name (please print) _____
First LastSigned _____ Dated _____
(month/day/year)