



400 First Avenue N. Ste. 518 • Minneapolis, MN 55401 • Phone (612) 824-2787

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Confidential Volunteer Application

Name _____ Date of Birth _____

Address: Street _____
City _____ State _____ Zip _____

Phone: Primary (_____) _____ Secondary (_____) _____

FAX: (_____) _____ E-mail Address _____

Are you currently enrolled as a student? YES NO

If yes, please list school: _____

Occupation _____ Current Employer _____

Employer's address _____

Supervisor's name _____ Phone (_____) _____

Education Completed _____ Major/degree _____

Emergency Contact Name _____

Phone (_____) _____ Relationship _____

Have you ever been convicted of a felony? YES NO

A conviction record will not necessarily cause disqualification.

If yes, please explain: _____

Do you have any prior or current civil sexual/physical abuse allegations or incidents against you?

YES NO

If yes, please explain: _____

Please list any states other than Minnesota where you have lived during the last five years: _____

Do you have any physical limitations or disabilities? YES NO

If yes, please explain: _____

Are you fluent in a language other than English? Please list: _____

Have you volunteered with Free Arts before?

YES

NO

Please list your previous experience with children:

With what age group do you feel most comfortable? _____

Where did you learn about the Free Arts volunteer program? _____

Why do you want to volunteer in the Free Arts Minnesota program? _____

What do you hope to gain from this program? _____

References

List three people not related to you who have knowledge of your character, experience and ability.

1. Name _____ Relationship _____

Home phone _(_____) _____ Work phone _(_____) _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Relationship _____

Home phone _(_____) _____ Work phone _(_____) _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Relationship _____

Home phone _(_____) _____ Work phone _(_____) _____

Address _____ City _____ State _____ Zip _____

I certify that all information provided on this application is true and complete. I authorize Free Arts Minnesota to check the references I have listed and verify the information provided. I understand that falsification or significant omission of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

Signature _____ *Date* _____

Free Arts Minnesota

Volunteer Placement Request Form

The following information will be used to assign volunteer placement. Every attempt will be made to honor your preferences however, we are limited to working within the time restrictions of each site.

Name: _____ Daytime Phone: _____

Please number 1 to 5 in order, the most desirable time for volunteer placement.

Free Arts volunteer time commitment is approximately 2 hours weekly October to May.

<p>Monday between 9-11:45 a.m. _____ between 12-4 p.m. _____ between 6:00-8:30 p.m. _____</p> <p>Tuesday between 9-11:45 a.m. _____ between 12-4 p.m. _____ between 6:00-8:30 p.m. _____</p> <p>Wednesday between 9-11:45 a.m. _____ between 12-4 p.m. _____ between 6:00-8:30 p.m. _____</p>	<p>Thursday between 9-11:45 a.m. _____ between 12-4 p.m. _____ between 6:00-8:30 p.m. _____</p> <p>Friday between 9-11:45 a.m. _____ between 12-4 p.m. _____</p> <p>Saturday between 9-11:45 a.m. _____ between 12-4 p.m. _____</p>
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Are you interested in being a Team Leader? **YES** **NO**
 Team leaders are mainly responsible for developing the team's volunteer schedule.

Do you have a preference in regards to the ages of children you will work with or a location? Check below. Free Arts will try to honor age and location preferences, but availability may determine placement.

Age Preference (Please check all ages you prefer to work with)

- Preschool Age (3-5) _____
- Elementary School Age (5-10) _____
- Adolescent Age (10-17) _____

Location Preference (Please check all locations where you are willing to travel)

- Minneapolis _____
- St. Paul _____
- North Suburbs _____
- South Suburbs _____
- West Suburbs _____
- East Suburbs _____

Office Volunteering: Please indicate if you are interested in volunteering in the Free Arts office (400 1st Ave N Ste 518, Minneapolis) during regular business hours of 9 a.m.-5 p.m. Please indicate day and time you are available:

- Monday:** _____
- Tuesday:** _____
- Wednesday:** _____
- Thursday:** _____
- Friday:** _____

Other Comments or Requests:

Free Arts Minnesota - Volunteer Agreement

The undersigned acknowledges and agrees that:

- **He/she fulfill their commitment in a consistent, punctual, and responsible manner;**
- the agency is not obligated to assign him/her to work with the children in the Free Arts program;
- he/she will not contact children in the Free Arts program outside of the agreed upon time to work at an assigned facility;
- he/she will not give personal information (address, telephone, etc.) to children in the Free Arts program;
- he/she will complete all the necessary screening and training required by Free Arts and the assigned facility.

I affirm under oath and subject to penalties of perjury that the forgoing answers and statements are, to the best of my knowledge, true, correct and complete.

I understand and authorize that my application, reference forms, and interview responses will be shared with the facility in which I choose to volunteer.

I understand that additional screening may be deemed necessary by the site in which I volunteer.

I understand that although the agency respects the confidentiality of client and volunteer records, it must retain the right to disclose information received when, in the agency's opinion, such disclosure would be in the best interests of a child.

I understand that while active as a Free Arts volunteer, I am obligated to report any changes in my arrest record.

I understand that Free Arts Minnesota uses photographs of volunteers in a variety of activities for recruiting and promotional reasons. I am willing to support their efforts. Free Arts Minnesota has my permission to use my name and photographs of me to promote the agency's program.

Printed Name

Date

Signature