

Free Arts Minnesota

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

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Confidential Volunteer Application

Name _____ Date of Birth _____

Social Security Number _____

Address: Street _____

City _____ State _____ Zip _____

Phone: Work (_____) _____ Home (_____) _____

FAX: (_____) _____ E-mail Address

Occupation _____ Current Employer _____

Employers address _____

Supervisors name _____ Phone number _____

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 be cause for disqualification.

If yes, please explain: _____

Please list any states other than Minnesota that you have lived in 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

Section A

Previous experience with children _____

Section A (cont.)

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 programs? _____

Please state what you hope to gain from this program? _____

Section B

List three persons 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 _____

Section C

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 omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date.

Signature _____ *Date* _____

Office use only: Date Received _____

Free Arts of 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 bi-weekly October to May.

Monday between 9-11:45 AM _____
 between 12-4 PM _____
 between 6:00-8:30 PM _____

Thursday between 9-11:45 AM _____
 between 12-4 PM _____
 between 6:00-8:30 PM _____

Tuesday between 9-11:45 AM _____
 between 12-4 PM _____
 between 6:00-8:30 PM _____

Friday between 9-11:45 AM _____
 between 12-4 PM _____
 between 6:00-8:30 PM _____

Wednesday between 9-11:45 AM _____
 between 12-4 PM _____
 between 6:00-8:30 PM _____

Saturday between 9-11:45 AM _____
 between 12-4 PM _____

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 an age preference in regards to the children you will work with or a location preference?

Check below. Free Arts will try to honor age and location preferences, but availability may determine placement.

Age Preference (Please check all that you are interested in working with)

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

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

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 (112 N. 3rd St., Minneapolis) this will be during regular business hours of 8:30-5:00. Please indicate day and time you are available:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

Other Comments or Requests:

Free Arts for Abused Children of 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 facility screenings may be deemed necessary by the site in which I choose to 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 if there are any changes in my arrest record.

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

Printed Name

Date

Signature