

MARSHALL COUNTY SOCIAL SERVICES
An Equal Opportunity/Affirmative Action Employer
Chris Kujava - Director
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Warren, Minnesota 56762
Phone (218) 745-5124 Fax (218) 745-5260

VOLUNTEER APPLICATION FORM

Please fill out this form as it will help us to better know you, your interests, and qualifications as a prospective volunteer. Please fill in every line unless it does not apply to your experience, in which case draw a line through the space so we will know this fact.

1. Date: _____ 2. Date of Birth: _____
(Month, date, year)

3. Name: _____
First Middle Last

4. Address: _____
Street City State Zip Code

5. Phone: Home: _____ Cell: _____

6. Email: _____ 7. Social Security Number: _____

8. Have you resided outside of Minnesota in the past 5 years? Yes No

If yes, where? _____

9. Do you speak a foreign language? Yes No

If yes, what language? _____

10. What are your hobbies or leisure activities? _____

11. What services or community groups are you affiliated with? _____

12. Have you ever been convicted of a:

Felony Gross Misdemeanor Misdemeanor, including DWI None of these
(Please note that a clearance of criminal record is made for all volunteer applicants.)

If yes, please explain _____

13. Do you have any medical or physical condition that could impair you from performing the duties listed on the volunteer job description? Yes No

If yes, please explain _____

14. Emergency Contact: _____

Relationship: _____

Phone: _____

15. Do you drive? Yes No Is a vehicle available? Yes No

Vehicle Model: _____ Year: _____

Name of Auto Insurance Company: _____

Insurance Policy Number: _____ Exp. Date _____

Driver's License # _____ State _____ Exp. Date _____

**Please submit a copy of the coverage details page of your car insurance policy with this application along with a copy of your driver's license*

16. Please check volunteer area of interest: check all that apply

Volunteer Driver Little Brother/Sister Visiting Friend Christmas Volunteer

17. What is your desired schedule of services?

a. Time of day available:

Morning Afternoon Evening All Day

b. Days of week available:

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

c. Schedule of visits:

Weekly Monthly Twice a month Occasionally

18. Please list two references (not family members or relatives):

1. _____
Name Phone Number

Street Address City

2. _____
Name Phone Number

Street Address City

***Volunteer Driver information**

(If not willing to be a volunteer driver please skip this section)

1. What communities in Marshall County are you will to drive to? _____

2. Please check which of the following cities you are willing to drive to.

Warren_____ Grand Forks_____ Thief River Falls_____ Crookston_____

3. Occasionally we have clients that have appointments further away, are you willing to drive these longer distances? Yes No

If yes, where? Warroad_____ Fargo_____ Fergus Falls_____ Minneapolis/St Paul_____

4. Would you ever consider driving for an evening appointment Yes No

5. You will not be called to drive at the last minute unless it is an emergency;

Will you drive if possible in a situation such as this? Yes No

***Little Brother/Sister Information**

(If not willing to be a little brother/sister please skip this section)

1. Spouses Name (if applicable)_____

(They may also be subject to a background check if doing activities together)

2. Has your spouse been convicted of a felony or misdemeanor? Yes No

If yes, please explain _____

3. What age groups are you most interested in working with (check all that apply):

4-7 8-11 12-15 16-18 any age group

4. What is your past experience in working with children? _____

5. How many hours per month do you feel you can spend with a child? _____

***Visiting Friend Information**

(If not willing to be a visiting friend please skip this section)

1. Who are you most interested in visiting with?

Elderly Developmentally Disabled

2. How many hours per month do you feel you can spend as a visiting friend? _____
