

MOUNT OLIVET ROLLING ACRES VOLUNTEER APPLICATION

PERSONAL INFORMATION:

DATE _____
FIRST NAME _____ LAST NAME _____
DATE OF BIRTH _____
PHONE: () _____ WORK PHONE: () _____
E-MAIL ADDRESS _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAMES & ADDRESSES, if under 18:

NAME _____ RELATIONSHIP _____
HOME PHONE () _____ WORK PHONE () _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____ RELATIONSHIP _____
HOME PHONE () _____ WORK PHONE () _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____
HOME PHONE () _____ WORK PHONE () _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

REFERENCES: (List two individuals NOT related to you who can judge your ability to volunteer in our program.)

NAME ADDRESS (please include city, state & zip) E-Mail PHONE (include area code)

1.

2.

Have you had any experience (volunteer or employment) working with children and/or adults with disabilities? If yes, please explain.

Please list any special interests you may have (i.e. canoeing, drama, dance, playing an instrument, involvement in sports/clubs, photography.)

Where and/or how did you learn about volunteer opportunities at Mount Olivet Rolling Acres?

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PROGRAM REFERENCE: (please indicate what type of volunteer position you are looking for)

COMMITMENT:

Please indicate the days and times that you are available to volunteer. Please indicate if you desire an on-going or short-term position, if short term, please indicate beginning and end dates.

You will be expected to attend an orientation prior to your volunteer experience. The orientation may vary with program selection. If you cannot make your scheduled orientation dates or there is not one scheduled before your session(s), arrangements will be made for you prior to your volunteer experience.

If you are 18 years of age or older please answer. Have you ever been convicted of a misdemeanor, gross misdemeanor or felony of a non-traffic nature? Yes/No (circle one) If yes, please explain.

EMAIL: We send out emails to keep you informed of important news, schedules and volunteer opportunities by email. If you would prefer not to receive emails, please check box below.

Please do not add me to your email list.

Photo Release: Periodically we take pictures of our clients and activities to use on social media. Please indicate below if you prefer not to have your photo on our social media

You do not have permission to use my photo on any social media.

I certify that the above information is true and complete to the best of my knowledge and I authorize MORA to make a review of my character and abilities. I understand that in the event of volunteer work, I understand that false or misleading information given in my application may result in discharge. I authorize Mount Olivet Rolling Acres to receive the Department of Human Services background study and file on me. I authorize all persons and entities to respond to inquiries concerning me, to provide verification of the information provided in this application and to comment on my background and character. I release them from all liability and responsibility arising from their doing so.

DATE _____

Signature of Volunteer

Signature of Parent or Guardian is required if applicant is under 18 years of age.

DATE _____

Signature of Parent/Guardian

Please fax or email application. Thank you for your interest. We will be in contact with you.

Mount Olivet Rolling Acres
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Chanhassen, MN 55317-9348
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(952)-474-3652 (fax)
Lmahoney@mtolivet-MORA.org