

Volunteer Application

Application Date
Volunteer Position Sought
Name
Home Address
Work PhoneHome Phone
Cell Phone
Email
☐ YES - I am over the age of 18.
EDUCATION
Highest Level of Education
EMPLOYMENT
Current Employer, if applicable:
Position/Title
Dates of Employment (starting, ending)
Address
Supervisor
Would you like us to keep your employer informed of your volunteer service and
achievement? \square No \square Yes
SKILLS & EXPERIENCE
Special training, skills, hobbies
Groups, clubs, organizational memberships
Please describe your prior volunteer experience (include organization names and dates of service)
What experiences have you had that may prepare you to work as a volunteer in the field of atrisk youth, a correctional facility, chemical dependency, youth recreation, etc.?

Why do you want to volunteer, or what do you want to gain from this volunteer experience				
Languages Spoken:				
Willing To Serve: \Box Mor	nings 🗌 Afternoons 🗆	Evenings Saturdays	Sundays	
Check any week day you	are unable to serve: \Box	Mon \square Tues \square Wed \square]Thurs □ Fri	
REFERENCES Please list three people v dependability. Include yo	•	•	cter, skills, and	
Name/Organization	Relationship to you	Length of relationship	Phone number	
Health Information: (In o				
Physical Condition: \Box E				
Physician Name:				
Physician Phone Number Preferred Hospital:	•			
Medical Insurance Comp	anv.			
Policy Number:				
Person to Notify in case	of an Emergency:			
Name:				
Address:				
City, State, Zip Code				
Home Phone:				
Work Phone:	 			
Cell Phone:				
Email address:				

Our Policy:

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, gender, sexual preference, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Operation No Limits that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Operation No Limits. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Operation No Limits or my termination as a volunteer. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

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Signature	Date
Thank you for completing this ap	pplication form and for your interest in volunteering with us.
Р	lease Submit this Application to:
	Operation No Limits
	7555 4 th Avenue
	Lino Lakes, MN 55014
	651-336-7439
	opnolimitsorg@gmail.com
	we serve and for their protection, the following is information e: (Having been convicted of a crime, does not automatically
Have you ever been convicted of	a crime other than the following: Minor traffic violation fine
\$500.00 or less; offenses settled	_
	of the crime and the date of the conviction and disposition. utomatic disqualification for volunteer work.