



MINNESOTA COUNCIL OF CHURCHES

## VOLUNTEER APPLICATION

### Contact Information

Name		Date
Address		
City	State	Zip
Telephone (day)	Evening/Mobile	
Email	Birthday (no year)	
How did you learn about volunteering with us?		
Have you ever applied to volunteer with us before?		

### Emergency Contacts

1) Name	Relationship
Telephone (day)	Evening/Mobile
2) Name	Relationship
Telephone (day)	Evening/Mobile

### Education (GED/High School Diploma, Certifications, College, etc.)

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### Current or Most Recent Employment

Employer	From	To
Position		
Any other previous work experience pertinent to the volunteer position for which you are applying:		

## Volunteer Experience

Organization	From	To
Position		

Organization	From	To
Position		

Organization	From	To
Position		

## Availability (circle all that apply)

Weekdays					Evenings					Weekends				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F

Circle the amount of time you can commit:

3 months	6 months	9 months	1 year
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When could you begin volunteering?
How many hours per week can you commit?
Do you have reliable transportation (if applicable to volunteer position)?
How did you hear about the Minnesota Council of Churches?

## Additional Information

What volunteer position(s) are you interested in?
Why do you wish to volunteer for the Minnesota Council of Churches?
Describe any cross-cultural experience you may have.

Describe your language abilities.
Describe any other special training or skills.

## References

1) Name	Telephone
Relationship	
2) Name	Telephone
Relationship	

## Criminal Background

*[Prior arrest or conviction may not exclude a person from volunteering.  
Each situation will be assessed on a case-by-case basis]*

Have you ever been convicted of or pleaded guilty or no contest to a crime?	Yes	No
If yes, please attach information describing the circumstances and list date of conviction or plea and county and state (if applicable).		

**All Minnesota Council of Churches volunteers must be able to work effectively in a mission-driven organization whose clients and staff exhibit significant diversity with respect to race, ethnicity, gender identity, sexual orientation, socio-economic status, nationality, and religion.**

## Signature

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that completing this application does not ensure a volunteer placement and is contingent upon all applicable checks (i.e., criminal background check, driving record check, etc.). I also understand that this is not an application for paid employment.	
Applicant Signature	Date

## Parental Consent (if applicant is under 18)

I give my consent for this applicant to volunteer with the Minnesota Council of Churches. I release MCC from all liability for injuries which may occur if the youth volunteer undertakes tasks that are not assigned by his/her MCC supervisor.	
Parent's or Legal Guardian's Signature	Date