



MINNESOTA COUNCIL OF CHURCHES  
refugee services

## Volunteer Application Form

Date of application: \_\_\_\_\_

### General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone: \_\_\_\_\_ (day) / \_\_\_\_\_ (evening)

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Educational background: \_\_\_\_\_

### Availability

Mornings / Afternoons (*circle one or both*) Comments: \_\_\_\_\_

M / T / W / TH / F (*circle all that apply*) Comments: \_\_\_\_\_

3 months / 6 months / 9 months / 1 year (*circle amount of time you can commit*)

When could you begin volunteering? \_\_\_\_\_

How many hours per week can you commit? \_\_\_\_\_

Do you have reliable access to transportation? \_\_\_\_\_

How did you hear about Refugee Services? \_\_\_\_\_

### Emergency Contact Information

Person to contact in case of emergency: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please return form to the Volunteer Coordinator.

Refugee Services · Minnesota Council of Churches · 122 W. Franklin Ave. · Minneapolis, MN · 55404

Phone: (612) 230-3219 · Fax (612) 870-3622 · Email: [rsvolunteers@mnchurches.org](mailto:rsvolunteers@mnchurches.org)



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## Volunteer Opportunities

Please check your preferred volunteer position(s):

- |                                                                  |                                                         |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Basic Computer Skills Instructor        | <input type="checkbox"/> Conversation Partner           |
| <input type="checkbox"/> Intermediate Computer Skills Instructor | <input type="checkbox"/> Refugee Resettlement Volunteer |
| <input type="checkbox"/> Donation Driver                         | <input type="checkbox"/> Service Project Coordinator    |
| <input type="checkbox"/> Green Card Volunteer                    | <input type="checkbox"/> Other: _____                   |

## Experience

Cross-cultural experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Past work and volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interest in applying for this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your expectations for this volunteer position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special training or skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Language abilities: \_\_\_\_\_

**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. I also understand that this is not an application for paid employment.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to the Volunteer Coordinator.

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## References

References should be non-relatives who can confirm your suitability for this position (i.e. professors, pastors, coworkers, friends). We request that you sign the "Release of Information" statement that follows so that we may notify your references of your request for their recommendations. Our policies require that reference records be kept on file before you can be placed in certain volunteer positions. Please note that these records will be kept confidential.

*Please clearly print your references' names and contact information.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

## Release of Information

I have applied to the Minnesota Council of Churches for a volunteer position that may require that I provide references that can be contacted, so that the Minnesota Council of Churches will be fully advised of my qualifications for this position. I, therefore, request that you furnish the necessary information, and I hereby release you from any and all liability of damages for providing the information requested. I understand that this information will be kept confidential. I further authorize my signature to be duplicated for purposes of this informative request, and acknowledge that duplicate copies of this request are valid.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to the Volunteer Coordinator.

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