



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



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Volunteer Opportunities

Please check your preferred volunteer position(s):

- | | |
|---|---|
| <input type="checkbox"/> Donation Driver | <input type="checkbox"/> Refugee Resettlement Volunteer |
| <input type="checkbox"/> Job Readiness Mentor | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Befriender | <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: _____ Email: _____

How long have you known this person? _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Email: _____

How long have you known this person? _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Email: _____

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: _____

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