

FRIENDSHIP VENTURES

Volunteer Application

Name _____ Date _____

first middle last

Permanent Address _____
 Street City State Zip

Phone _____ E-mail address _____

Have you applied to volunteer at Friendship Ventures before? _____ Yes _____ No

Please check the program(s) you are interested in volunteering:

- **Respite Weekends** - Friday evening through Sunday afternoon
 _____ Camp Friendship
 _____ Eden Wood
- **Resident Camp** - Sunday morning – Friday late afternoon
 Summer Program _____ June - August @ Camp Friendship / Eden Wood / Camp New Hope
 Winter Program _____ December/January @ Camp Friendship
- **Health Care** (Year – Round Opportunities)
 _____ Camp Friendship
 _____ Eden Wood
 _____ Camp New Hope

Please list the dates you are available to volunteer:

1. _____
2. _____
3. _____
4. _____
5. _____

PARENTS/ GUARDIANS INFORMATION FOR THOSE WHO ARE UNDER AGE 18

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Address: _____
 Street City State Zip

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Address: _____
 Street City State Zip

EMERGENCY CONTACT IF DIFFERENT THAN PARENTS / GUARDIANS

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Address: _____
 Street City State Zip

REFERENCES: (please list 3 past employers, supervisors or educational references, NOT related to you, who can verify your qualifications)

1. _____

first name last name relationship

street city state zip

() ()

Daytime phone Evening phone

Email address: _____ Organization _____

2. _____

first name last name relationship

street city state zip

() ()

Daytime Phone Evening phone

Email address: _____ Organization _____

3. _____

first name last name relationship

street city state zip

() ()

Daytime Phone Evening phone

Email Address: _____ Organization _____

VOLUNTEER or WORK EXPERIENCE: (please list most recent first)

*Organization name _____ Phone (_____) _____

Address _____
street city state zip

Leader or Supervisor _____

What was your role as a volunteer or employee? _____

Dates Volunteered or worked: _____ Reason for Leaving _____

*Organization's name _____ Phone (_____) _____

Address _____
street city state zip

Leader or Supervisor _____

What was your role as a volunteer or employee? _____

Dates Volunteered or worked: _____ Reason for Leaving _____

EDUCATION:

High School _____
name & location Grade Completed/Degree Received

College/Other _____
name & location Course of Study and Grade Completed/Degree Received

CERTIFICATIONS/TRAINING: Do you have any of the following certificates/training? (please list expiration dates)

____ American Red Cross (ARC) Water Safety Instructor ____ ARC Lifeguard Training ____ ARC CPR
____ National Archery Association Instructor ____ Community Water Safety ____ EMT
____ Non-violent Crisis Intervention ____ Sign Language ____ ARC First Aid
____ High/Low Ropes Course ____ Wilderness First Aid ____ Driver's License
____ Other: _____

Where and how did you learn about Friendship Ventures? If thought a friend or family member, please list their name. If through the internet, please list the web site. _____

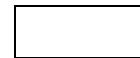
Do you desire to obtain service hours or internship credit? Yes/No. If yes, please state the type of credit to be earned and with which organizations are your obtaining this for? _____

Have you ever been convicted of a misdemeanor or felony of a non-traffic nature? Yes/No If yes, please explain. _____

I certify that the information given herein and accompanying resume or documentation is true and complete to the best of my knowledge. I authorize investigation of all statements this information contains as may be necessary in arriving at an employment decision; including, but not limited to contacting my current or former employers, contacting references, a motor vehicle report and a Criminal Background Check. Any individual who is 18 years of age or older who applies for and is being considered for a volunteer position will be asked to complete a Criminal Background Checks consent form. Allowing the Criminal Background Checks to be completed is a condition of volunteer experience. Accordingly Friendship Ventures will refuse to accept an applicant or will terminate a volunteer for refusing to consent to at Criminal Background Check. In the event that I do volunteer, I understand that false or misleading information given herein or during my interview(s) may result in discharge. I understand that this application does not create a contract. I understand that if hired I am obliged to comply with any and all current or subsequently adopted Friendship Ventures policies. I agree if I am hired, my volunteer experience has no definite period of time, and may be terminated at any time with or without reason, and for any reason. To the best of my knowledge, I meet the minimum qualifications for the volunteer position(s) I have applied for.

Signature of Applicant _____ Date _____

Signature of your parent/guardian is also required if you are under the age of 18 / Relationship _____ Date _____



Please send completed application to:

FRIENDSHIP VENTURES
10509 108TH ST NW
ANNANDALE, MN 55302
Fax: 952-852-0123

Phone: Twin Cities Metro (952) 852-0101
Toll Free 1-800-450-8376
Email: jobs@friendshipventures.org
Web: www.friendshipventures.org

Check this box if you would like to receive a copy of the report conducted.