

APPLICATION FOR VOLUNTEERING

We appreciate your interest in our program and will be happy to explore with you the possible volunteer opportunities. The following information regarding the application process will assist you in presenting your qualifications.

Please give complete answers to all application questions which apply to you.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize The Phoenix Residence, Inc. to verify any information contained on this application. Any offer for volunteer opportunities is dependent upon or subject to satisfactory verification of past or present experiences.

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

I understand that volunteering at this company is "at will", which means that either I or the company can terminate the volunteer relationship at any time, with or without prior notice, and for any reason not prohibited. I understand that no supervisor, manager or executive of the company, other than the president has any authority to alter the foregoing.

I understand that all offers for volunteer opportunities are on a contingency basis. If I am offered a conditional offer for volunteering, I maybe asked to submit to a drug and/or alcohol testing as outlined in company policy, depending on the duties might be assigned. I understand that I may be required to voluntarily submit to urinalysis, breath, blood or saliva, drug and alcohol testing. If the tests are positive or if I refuse to undergo testing, any conditional offer will be withdrawn, provided that, where an offer is withdrawn on the basis of a positive alcohol or drug test, the withdrawal is related to the volunteer position and consistent with business necessity.

If I am offered a conditional offer for volunteering, I authorize The Phoenix Residence, Inc. to submit a background study relevant to the licensing requirements of the facility. I understand that if I am disqualified by the investigating agency from a position allowing direct contact with persons receiving services from The Phoenix Residence, Inc. programs, the offer may be withdrawn.

If I am accepted as a volunteer, I understand that omissions and/or false information are sufficient cause for discharge. In consideration for volunteering, I agree to conform to the rules, regulations, and policies of The Phoenix Residence, Inc. Failure to abide is sufficient cause for discharge.

By signing below, I grant The Phoenix Residence, Inc. permission to verify any information contained on this application. Any offer for volunteer opportunities is dependent upon or subject to satisfactory verification of this information.

NAME: _____

Written Signature

DATE: _____

The Phoenix Residence, Inc.
330 Marie Avenue East
West Saint Paul, Minnesota 55118
Phone: 651/227-7655 Fax: 651/227-6847
www.phoenixresidence.org

PLEASE PRINT ALL INFORMATION REQUESTED

Name _____

Address _____

Street City State Zip

Telephone Number _____

Home Work/Other Cell

Email Address: _____

PERSON TO NOTIFY IN AN EMERGENCY:

Name _____

Relationship _____

Telephone Number _____

Home Work/Other

EMPLOYMENT:

Current Employer _____

Position _____

Past Employer _____

Position _____

EDUCATION: State Name, location, and level completed

High School _____

College/University _____

Special Training _____

Are you presently attending school? ___ YES ___ NO

Will you be receiving credit for your volunteer work? ___ YES ___ NO

AVAILABILITY

Once/Month ___ Twice/Month ___ Once/Week ___ Twice/Week ___

Other (please specify) _____

Check all of the day and times you are available

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

REFERENCES (PLEASE DO NOT INCLUDE RELATIVES)

Name	Affiliation	Contact Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ADDITIONAL INFORMATION

What are your general areas of interest? _____

Have you served as a volunteer before? Please describe _____

Skills: Please check all the skill areas you would be willing to share

Interpersonal Communications	Office Services
<input type="checkbox"/> Enjoy meeting and working with people	<input type="checkbox"/> General clerical
<input type="checkbox"/> One-to-one time with residents	<input type="checkbox"/> Writing letters
	<input type="checkbox"/> Phone calling
Marketing/Public Relations/Fundraising	<input type="checkbox"/> Answering phones
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Typing
<input type="checkbox"/> Special Events	<input type="checkbox"/> Data Entry/Filing
<input type="checkbox"/> Developing promotional materials	
<input type="checkbox"/> Selling promotional items	Additional Skills
<input type="checkbox"/> Newsletter writing/editing	<input type="checkbox"/> Languages (specify)
<input type="checkbox"/> Grant writing	_____
	<input type="checkbox"/> Computer software
Building and Grounds	_____
<input type="checkbox"/> Yard work	<input type="checkbox"/> Website development
<input type="checkbox"/> Flower/Vegetable Gardening	<input type="checkbox"/> Website maintenance
<input type="checkbox"/> Interior maintenance/repairs	<input type="checkbox"/> Photography
<input type="checkbox"/> Painting	<input type="checkbox"/> Arts and Crafts
<input type="checkbox"/> Woodworking	<input type="checkbox"/> Music (singing, instruments, etc.)

I understand the importance of volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I give The Phoenix Residence, Inc. permission to check the reference I have listed.

Signature Date

<i>Applicants between the ages of 12-18 must have this application signed by a parent or legal guardian.</i>	
This applicant has my permission to volunteer at The Phoenix Residence, Inc.	
_____	_____
Parent/Guardian Signature	Date

(volunteerapp. 5/2008)