



# VOLUNTEER APPLICATION

VINE Faith in Action  
 421 E. Hickory Street, Mankato, MN 56001  
 (507) 387-1666  
[www.vinevolunteers.com](http://www.vinevolunteers.com)

Orientation Date: \_\_\_\_\_ Background Check Initiated: \_\_\_\_\_ Background Check Completed: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you affiliated with any group? (faith community, civic organization, etc.)? No  Yes

If yes, which one(s)? \_\_\_\_\_

**Please check the times THAT YOU ARE AVAILABLE to volunteer:**

|           | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| Morning   |        |         |           |          |        |          |
| Afternoon |        |         |           |          |        |          |
| Evening   |        |         |           |          |        |          |

Do you regularly leave town for extended periods of time (more than two weeks)? Explain:

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

Any allergies (cigarette smoke, pets, etc.)? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Are you currently employed? Retired  No  Yes

Occupation (past occupation if retired): \_\_\_\_\_

Please list specific skills you could share (e. g. play a musical instrument, speak another language, etc.): \_\_\_\_\_

\_\_\_\_\_

Are you a veteran? No  Yes

Who should we contact in case of emergency? \_\_\_\_\_

Telephone number(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Volunteer Assignment Choices (please check only the assignments you are willing to accept):**

**TRANSPORTATION** *(using your own car)*

Car make/model \_\_\_\_\_/\_\_\_\_\_

Car color \_\_\_\_\_

2-door  4-door

\_\_\_\_ in town

\_\_\_\_ out of town/small communities

\_\_\_\_ Rochester

\_\_\_\_ Twin Cities

\_\_\_\_ transport child

\_\_\_\_ drive pet to vet

\_\_\_\_ early morning rides

\_\_\_\_ taxi (using VINE vehicle)

**RESPITE**

\_\_\_\_ VINE Adult Respite Center

\_\_\_\_ in-home respite

**VISITING**

\_\_\_\_ Caring Connection Match

**HOT MEALS ON WHEELS**

\_\_\_\_ deliver hot meals

**VINE ADULT COMMUNITY CENTER (VACC)**

*(VACC membership required)*

\_\_\_\_ receptionist

\_\_\_\_ fitness center *(by invitation only)*

\_\_\_\_ pool monitor *(by invitation only)*

**CHORES**

\_\_\_\_ occasionally work with VINE Staff for a half day

**VINE HOME THRIFT STORE**

\_\_\_\_ cashier *(training provided)*

\_\_\_\_ cleaning items/price marking

\_\_\_\_ dust/vacuum/clean store areas

\_\_\_\_ help with pickups *(can lift 50+ lbs.)*

**SPECIAL ACCESS SERVICES**

\_\_\_\_ learning partner in Literacy Center

\_\_\_\_ transportation

**AARP TAX PROGRAM**

\_\_\_\_ receptionist

\_\_\_\_ tax preparer

**REFERENCES:**

Please list two people we may call who are not related to you (volunteer associates, employers, teachers, friends, neighbors, religious leaders, etc.):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**PERMISSION TO CHECK REFERENCES:**

*I give my consent to VINE Faith in Action to contact my references and to conduct any other necessary background checks.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date