



VOLUNTEER APPLICATION

VINE Faith in Action
 421 E. Hickory Street, Mankato, MN 56001
 (507) 387-1666
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

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

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