

Volunteer Application

of Cook County										
Name of applicant										
Mailing address										
Physical address (if different than mailing)										
Email address										
Preferred phone	text ok Alt phor	ne		text ok						
Emergency contact information										
Name	Name Relationship to you									
Address										
Phone	Ema	il								
Your employer	Occupation									
Work phone	Okay to call you at	work?	Yes No	Emergency only						
The following information is required for I	packground check									
Have you lived in Minnesota for the last	t five years? Yes	No								
If no, please list address(es) for the last five years and dates of residence for each										
Aliases used (i.e. maiden name)										
Race: Asian or Pacific Islander	African American	Native	White	Unknown/Other						
Hair color	Bir	Birthplace (state)								
Two personal references (not family members by phone or mail.	<i>ers)</i> Please provide comp	llete mailing	address, as refe	rences may be verified						
Name		Phone								
Address										
How do you know this person?	know this person? Number of years known									
Name		Phone								
Address										
How do you know this person?			Number of years	s known						

Would		der volunt	eering on a wee	ekend?	Yes	No						
	Notes:											
Would		der volunt	eering in the ev	ening?	Yes	No						
	Notes:											
In which months are you available to volunteer?_												
	Year –rou	ınd	January	February	Marc	ch	April	May	June			
	July	August	Septeml	oer (October	Nov	ember	December				
In which geographic areas are you willing to volunteer?												
	City of	Grand Ma	arais	Gu	ınflint Trail		West End	(Lutsen/Toft	e/Schroede	er)		
	East En	ıd (Croftvi	lle/Hovland)	Gr	and Portage	!						
Do you have any physical restrictions? (i.e. weight bearing limits, mobility issues, etc.)												
Are yo	u a U.S. Vet	eran?	Yes—Branch	ı:						No		
Do you know a language other than English? Yes—Language: No												
Education/special training												
Previo	us voluntee	r experier	nce									
Provio	us experien	ce with ol	der adults									
FIEVIO	us experien	ce with or	der addits									
What p	personal qu	alities/str	engths will you	bring to yo	ur volunteer	r work w	vith older ad	ults?				

Chore Interest

Please check the service categories in which you may be willing to work.

Housekeeping Cleaning Laundry Dishes Cooking Organization (closets, cabinets, etc)

Household Chores Wash Windows Clean Gutters Clean Garage Rearrange Furniture

Clean/Detail Car Change Storm Windows Fall/Spring Organizing

Take Recycling/Trash to County Disposal Site

Minor Home Repair/Household Maintenance Minor Carpentry Minor Electrical

Faucet/Toilet Repairs Paint (exterior) Paint (interior)

Appliance problem-solving Minor Roof Repair Replace Light Bulbs/Batteries

Safety Adaptations (Install grab-bars, stair grips, etc.)

Yard work Mow Rake Trim Trees/Shrubs Plant/Weed Till Garden

Snow Removal Shovel Operate Snow Blower Remove Roof Snow

Moving Assistance Pack Boxes Move Boxes

Miscellaneous Deliver Groceries and Other Supplies Pet Care

Read/Sort Mail Wood Provision (Stacking/moving)

Technical Assistance (cell phone, email, computer, etc.)

Other (Please list)