



Volunteer Application

Name of applicant

Mailing address

Physical address (if different than mailing)

Email address

Preferred phone

text ok Alt phone

text ok

Emergency contact information

Name

Relationship to you

Address

Phone

Email

Your employer

Occupation

Work phone

Okay to call you at work?

Yes

No

Emergency only

The following information is required for background check

Have you lived in Minnesota for the last 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

Birthplace (state)

Two **personal references** (*not family members*) Please provide complete mailing address, as references may be verified by phone or mail.

Name

Phone

Address

How do you know this person?

Number of years known

Name

Phone

Address

How do you know this person?

Number of years known

Would you consider volunteering on a weekend? Yes No

Notes:

Would you consider volunteering in the evening? Yes No

Notes:

In which months are you available to volunteer?_

| | | | | | | |
|-------------|---------|-----------|---------|----------|----------|------|
| Year –round | January | February | March | April | May | June |
| July | August | September | October | November | December | |

In which geographic areas are you willing to volunteer?

| | | |
|-------------------------------|----------------|-----------------------------------|
| City of Grand Marais | Gunflint Trail | West End (Lutsen/Tofte/Schroeder) |
| East End (Croftville/Hovland) | Grand Portage | |

Do you have any physical restrictions? (i.e. weight bearing limits, mobility issues, etc.)

Are you a U.S. Veteran? Yes—Branch: No

Do you know a language other than English? Yes—Language: No

Education/special training

Previous volunteer experience

Previous experience with older adults

What personal qualities/strengths will you bring to your volunteer work with older adults?

Other interests/hobbies/skills:

Please briefly describe any experiences you have with:

Providing care to someone who was dying or had a chronic illness

Being present with someone at the time of their death

Assisting/working with someone with dementia

Would you be willing to visit in a home with pets? Yes No Other

In what ways would you be willing to meet with your companion?

Face to face in companion's home Telephone call Take companion for a car ride Go for a walk
Accompany companion on errand or outing Other

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds professionals in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me. I understand that any information that is disclosed to me while assisting Care Partners is confidential. I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.