



# Volunteer Application

*Please complete the following information.*

**Attention: Dorothy Abellard**  
**Freeport West**  
**2219 Oakland Avenue South**  
**Minneapolis, MN 55440**  
**Phone: 612-252-2714 ♦ Fax: 612-252**  
**Dorothy.abellard@freeportwest.org**

Name \_\_\_\_\_  
First Middle Initial Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Home Address \_\_\_\_\_  
Street Number City State Zip

Day phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

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

Alternative Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Company Title or Department \_\_\_\_\_

Address \_\_\_\_\_  
Street Number City State Zip

Phone (\_\_\_\_) \_\_\_\_\_

Can you coordinate volunteers for your company? Yes \_\_\_ No \_\_\_

Does your company have a volunteer/funding match program? Yes \_\_\_ No \_\_\_

Will you be receiving academic credit/community service hours for your volunteer work?  
Yes \_\_\_ No \_\_\_

Describe:  
\_\_\_\_\_  
\_\_\_\_\_

**AREAS OF INTEREST**

- Special events
- Tutoring
- Chaperoning of field trips
- Mailing/clerical/data entry projects
- Board/committee involvement
- Photography/Video/Graphic Design
- Phone work (thank you's/reminders)
- Fund-raising/capital campaigns/finance work
- Other \_\_\_\_\_

When are you able to volunteer?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you require any special accommodations in order to perform a volunteer job? Please list.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your driver's license ever been suspended or revoked in the past 5 years?

Yes\_\_\_No\_\_\_

Describe:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime?

Yes\_\_\_ No\_\_\_

Describe:

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Disclosure**

Freeport West, Inc. has permission to use photographs, videotapes, and testimony from me, my children, or my dependents during program activities for use in any agency publications and presentations.

**Certification of Authenticity**

To the best of my knowledge, all information submitted by me with this application is true. I understand that any significant misstatement in, or omission from, this application may be cause for denial as a volunteer at Freeport West, Inc.

I authorize Freeport West, its staff and representatives, to consult with persons or institutions with which I have been associated and with others, including past and present employers, who may have information bearing on my professional competence, character, and ethical qualification.

I release from liability all employees and representatives of Freeport for acts performed in good faith and without malice in connection with evaluating my application and qualifications. I also release from any liability all individuals and organizations who provide information to Freeport in good faith and without malice concerning my professional competence, ethics, character, and other qualifications.

I understand and agree that I will notify Freeport of any changes in my ability to perform as a volunteer of Freeport West.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature if applicant under the age of 18  
\_\_\_\_\_ Date \_\_\_\_\_

**MUNICIPAL AND DISTRICT COURT**

The purpose of this form is to ensure that care providers meet the professional standards for home and community-based services as established in Minnesota Rules, Parts 9525.1800 to 9525.1930 (Rule 41).

This page to be completed by the applicant.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Municipal and District Court to release the information identified in connection with the evaluation of my application for licensure of, or continued licensure of, or employment in one or more of the following:  
Check as appropriate

- |  |   |
|--|---|
| <input type="checkbox"/> Family Foster Home      | <input type="checkbox"/> Residential Service Provider (SLS) |
| <input type="checkbox"/> Family Support Position | <input type="checkbox"/> Respite Care Provider              |

The information may be released to the following agency:

Name of Agency:		
Freeport West, Incorporated		
Address:	City	State & Zip
2219 Oakland Avenue South	Minneapolis, MN	55404
Name of worker handling request for information:		
Lisa Marie McLevis		

**NATURE OF INFORMATION TO BE DISCLOSED**

All felony convictions and the following criminal history of convictions and charges data from the last ten years for the below listed offenses as referred to in the Criminal Code of 1963, as amended, Minnesota §, Section 609.01 et. seq. 617.23, 617.246 and 152.09.

- |                              |   |
|------------------------------|---|
| A. Homicides                 | E. Obscene telephone calls  indecent exposure   |
| B. Crimes against the person | F. Theft and burglary, forgery, fraud           |
| C. Sex crimes                | G. Arson  |
| D. Incest                    | H. Crimes involving controlled substances drugs |

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

\_\_\_\_\_  
Date

**THE EXPIRATION DATE OF THIS AUTHORIZATION SHALL BE ONE YEAR FROM SIGNATURE DATE**

(Over)

Please complete identifying information:

**IDENTIFYING INFORMATION**

Please supply complete names

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Maiden) (Previous Married)

\_\_\_\_\_  
(Address) (City) (State and ZIP)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year) | Social Security Number

Race: Check one

- White                       Hispanic                       Black  
 Native American               Chinese                       Japanese  
 All Others

**RESULTS OF RECORD CHECK**

Municipal  
Date: Results

District  
Date: Results:

Signed \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

TO: Minnesota Bureau of Criminal Apprehension  
Attn: CJIS-Criminal History Access  
1430 Maryland Avenue East Avenue  
St. Paul, MN 55106

RE: "NON PROFIT Organization  
Account Number T12824 3040

Please provide us with the criminal record of the individual named below. Enclosed is a check for \$8.00. Thank you for your prompt attention to this matter.

RETURN TO: Freeport West, Inc.  
Confidential: HR Department (Self-addressed, stamped  
2219 Oakland Avenue South envelope provided.)  
Minneapolis, MN 55404

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RELEASE TO REQUEST CRIMINAL RECORDS

I authorize the release of all criminal records maintained by the Bureau of Criminal Apprehension, State of Minnesota, to Freeport West, Inc. I understand that this information will become part of my employment record with Freeport West, Inc. and may be used to determine my eligibility for employment or continued employment with Freeport West, Inc.

I hereby unconditionally release Freeport West, Inc. and the Bureau of Criminal Apprehension, and their agents, employees, officers or directors, from any and all legal liability in any way related to or arising from the provision or utilization of such records.

A photocopy of this release shall have the same force and effect as the original release signed by me  
This release expires one year from the date below.

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

Last Name of Applicant (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_  
Month/Day/Year

Social Security Number (Optional) \_\_\_\_\_

Notary: Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.