



Volunteer Application

Date: _____

Name: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Phone (h) _____ (w) _____

E-mail _____ Gender: Male / Female

Optional
 Age: 18-25 ___ 26-35 ___ 36-45 ___ 46-55 ___ 56-65 ___ 65+ ___
 Race: African American ___ Caucasian ___ Native American ___ Pacific Islander ___ Asian ___ Latino ___ Other ___

Why are you interested in volunteering at MSP?

How did you hear about us? MSP Facebook Page MSP staff/volunteer, who? _____
 MSP Website Other: _____

Do you have any special skills, training, or hobbies? Yes ___ No ___
 If yes, please explain.

Are you able to communicate fluently in any language besides English?
 If yes, what language?

Do you have any pre-existing condition that would limit your mobility, communication, or ability to perform certain tasks? If yes, please explain.

Have you ever been arrested? Yes ___ No ___

Do you have previous experience in working with families affected by domestic violence or other women's/family issues?

Can you commit to a year of service? Yes ___ No ___

How many hours per week are you available to volunteer?

What days are you available to volunteer your service? (Please provide times and AM or PM).

Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

Which program area(s) are you interested in?

(Please list your choice in order, 1 indicating the most interest and 4 indicating the least.)

Development and Fundraising _____ Events/Special Programs _____ Administrative _____
 Children's Program _____ Social Services _____ Outreach _____ Education _____ Phonathon _____
 Holidays _____ Hotline _____ Other _____

**Note: A child clearance and training is required for volunteers in the children's program. MSP's children's program meets Tuesday and Thursday evenings from 6:45-8:15PM.*

Please list the contact information for three professional or personal contacts. MSP reserves the right to check references for its volunteers.

1. Name: _____
 Phone number: _____
 E-mail: _____
 Years' known: _____
 Nature of relationship: _____

2. Name: _____
 Phone number: _____
 E-mail: _____
 Years known: _____
 Nature of relationship: _____

3. Name: _____
 Phone number: _____
 E-mail: _____
 Years known: _____
 Nature of relationship: _____

I, _____, fully understand the above questions and certify that all information provided is true and accurate to the best of my knowledge. I grant consent to MSP to verify its accuracy as well as to contact the references I have listed to determine my suitability for a volunteer position with MSP. I release MSP and all others from liability in connection with the verification of this information.