



VOLUNTEER APPLICATION

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

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):

VINE

- TRANSPORTATION** (*using you own car*)
 - in town
 - out of town/small communities
 - Rochester
 - Twin Cities
 - transport child
 - drive pet to vet
 - early morning rides

- CARING CONNECTION MATCH**
- DELIVER HOT MEALS ON WHEELS**
- CHORE ASSISTANCE**
- SPECIAL ACCESS SERVICES SUPPORT**

VINE HOME THRIFT STORE

- cleaning/repairs
- testing equipment/sorting in warehouse
- help with pickups (*must be able to lift 50+ lbs.*)

VINE ADULT COMMUNITY CENTER (VACC)

- (*VACC membership required*)
- fitness center (*by invitation only*)
 - pool monitor
 - teach group exercise/education class
 - teach health curriculum class, e.g. Diabetes Prevention Program

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