

# NORTLAND AREA FAMILY SERVICE CENTER VOLUNTEER APPLICATION

NORTHLAND AREA FAMILY SERVICE CENTER  
PO Box 304  
Remer, MN 56672  
218-566-3636



FOR OFFICE USE ONLY

Interviewed by: \_\_\_\_\_  
Interview Date: \_\_\_\_\_

*Please complete - all information is confidential to protect the privacy of our volunteers*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTHDATE (only if under 18) \_\_\_\_\_

EMERGENCY NOTIFICATION \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?      YES      NO      FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ARE YOU CURRENTLY A VOLUNTEER?      YES      NO      IF SO, WHERE? \_\_\_\_\_

WHAT KIND OF VOLUNTEER WORK HAVE YOU DONE IN THE PAST? \_\_\_\_\_

**PLEASE INDICATE BELOW THE DAYS, TIMES, PROGRAMS AND LOCATIONS YOU ARE AVAILABLE TO VOLUNTEER**  
(If volunteering for youth programs, please complete the reference section on back. Thank You!)

Monday	Time: _____	Program: _____	Location: _____
Tuesday	Time: _____	Program: _____	Location: _____
Wednesday	Time: _____	Program: _____	Location: _____
Thursday	Time: _____	Program: _____	Location: _____
Friday	Time: _____	Program: _____	Location: _____
Saturday	Time: _____	Program: _____	Location: _____

Have you, in the last 10 years, been convicted of a felony (excluding any sealed or expunged convictions)?      YES      NO

NOTE: No applicant will be denied a volunteer opportunity based solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for, however, may be considered.

If yes to a felony, please explain: \_\_\_\_\_

By signing below, I understand that as a volunteer, I have access to sensitive and/or private information. For the privacy and safety of customers, donors and all volunteers, I agree not to discuss the day-to-day business of the NAFSC programs except in a very general way with those not involved in the programs. I also agree that if there are concerns that arise, I will take those concerns to the coordinator of the program I am volunteering with.

SIGNATURE

DATE

For Office Use Only:

Since you will be volunteering with children's programs, we require you to list personal references that are not directly related to you.

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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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