## **McLean Family Resource Center**

## **Volunteer Application**

| Contact Information   |  |
|---|--|
| Name  |  |
| Street Address  |  |
| Mailing Address if different  |  |
| City ST ZIP Code  |  |
| Contact Phone   |  |
| E-Mail Address  |  |
| Availability  |  |
| •   | vailable for volunteer assignments?                          |
| Wookdoy morningo  | Weekend marnings   |
| Weekday mornings  | Weekend mornings Weekend afternoons                          |
| Weekday afternoons  | weekend alternoons   |
|   |  |
| Interests   |  |
| Tell us in which areas you are  | interested in volunteering, check all that may interest you. |
| Crisis Line   |  |
| Fundraising Events  |  |
| Clothing Pantry   |  |
| Maintenance   |  |
|   | ter food drive sorting items)                                |
| 1 10,001 /3333141100 (1.0. 41   | ter 1994 drive sorting items)                                |
|   |  |
|   |  |
|   |  |
| Special Skills or Qualifica   | tions – Do not leave blank.                                  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |  |
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## **McLean Family Resource Center**

| What would you like to get  | out of your volunteer experience? Do not leave blank.   |
|---|---|
| Please tell us a little bit of your   | xpectations.  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| •   | nce – Do not leave blank, if no experience insert "None."   |
| Summarize your previous volur   | eer experience.   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Please list a personal refe   | ence and a supervisory reference.   |
| Please list a personal reference  | ence and a supervisory reference.   |
| •   |   |
| Name  | Name  |
| Name<br>Address   | Name<br>Address   |
| Name Address City ST ZIP Contact Phone  | Name Address City ST ZIP Contact Phone  |
| Name Address City ST ZIP  | Name Address City ST ZIP  |
| Name Address City ST ZIP Contact Phone E-Mail Address   | Name Address City ST ZIP Contact Phone  |
| Name Address City ST ZIP Contact Phone E-Mail Address  Agreement and Signature By submitting this application, I  | Name Address City ST ZIP Contact Phone  E-Mail Address  affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by |
| Name Address City ST ZIP Contact Phone  E-Mail Address  Agreement and Signature By submitting this application, I if I am accepted as a volunteer                                 | Name Address City ST ZIP Contact Phone  E-Mail Address  affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by |
| Name Address City ST ZIP Contact Phone  E-Mail Address  Agreement and Signature By submitting this application, I if I am accepted as a volunteer me on this application may resu | Name Address City ST ZIP Contact Phone  E-Mail Address  affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by |

## **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please mail your application to McLean Family Resource Center, P.O. Box 506, Washburn, ND 58577.