



Volunteer Application

We welcome your volunteer application.

Please furnish us with complete information to assist us in giving you full consideration.

The information you supply on this volunteer application will be used to assess your qualifications for volunteer positions. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you from other applications; to identify you in our volunteer files; to match you with an appropriate volunteer opportunity; and to contact you for volunteer interviews.

The following information on this application will be considered private data on individuals pursuant to the Minnesota Government Data Practices Act; your name, birth date, home address, home phone number and driver's license number. If you are considered eligible for a volunteer vacancy, your name will become public data. If you are placed as a volunteer with the City of Bloomington, all information you supply on this application will become public except your home street address, home phone number and your drivers' license number.

Return completed form to:
Public Health Division
1900 West Old Shakopee Rd
Bloomington, MN 55431-3085

PERSONAL INFORMATION

Name:	Last	First	Middle
Permanent address:	Street	Apt.	City State Zip Code
Other address (if applicable):	Street	Dorm/Apt.	City State Zip Code
Phone Numbers:	Home	Cell	Other Birth date MM/DD/YYYY
E-mail Address:	Is anyone at this address already a volunteer here? <input type="radio"/> Yes <input type="radio"/> No If YES, please list their name(s):		

How did you learn about volunteering with Bloomington Public Health? If referred, please list their name.

AREAS OF INTEREST:

List areas of interest in Public Health programs and events:
Special skills, experiences, hobbies and/or educational background:
What do you hope to gain by volunteering?

AVAILABILITY

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
Amount of volunteer time available:			

REFERENCES

Name:	Phone:	Home	Work	Cell
Permanent address:	Street	Apt.	City	State Zip Code
Relationship:	Number of years known:			
Name:	Phone:	Home	Work	Cell
Permanent address:	Street	Apt.	City	State Zip Code
Relationship:	Number of years known:			

