



Anoka County Parks and Recreation Department

550 Bunker Lake Blvd. NW

Andover, MN 55304

Telephone: (763) 757-3920 Fax: (763) 755-0230

anokacountyparks@co.anoka.mn.us

Volunteer Application

Type of Application: ___ Individual ___ Group ___ Scout Project

Position of Interest or desired project (If known): _____

Name: _____ Birthday (Month/Date): _____

Group Name (If Group Application): _____ # of individuals in group: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Contact in case of an emergency: _____ Telephone: _____

Employer (Or previous employer): _____

Address and Telephone: _____

Occupation: _____ Work Hours & Days: _____

Education: _____

Please list any previous volunteer experience:

<u>Organization/Contact Person</u>	<u>Duties</u>	<u>Date</u>

Have you volunteered for Anoka County Parks before? ___ Yes ___ No Position: _____

Please list three references (Please exclude relatives):

<u>Name/Relationship</u>	<u>Address or E-mail</u>	<u>Telephone</u>

I understand that the information requested on this application will be used for volunteer assignment and record keeping, and that all information will be held confidential, except where release is authorized. I hereby authorize the Anoka County Parks and Recreation Department Volunteer Program to conduct an inquiry of any or all references, employers and schools (past or present). I authorize the afore mentioned parties to release pertinent information to the Anoka County Parks and Recreation Department Volunteer Program.

Signature: _____ Date: _____

When are you available for volunteer services?

Please circle times and days:

Mornings	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Afternoons	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Evenings	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

How frequently do you wish to volunteer?

Weekly Monthly Other

How long are you willing to commit your services

1 time 3 Months 6 Months 9 Months 1 Year Other (Please specify) _____

If you are applying as a group, or as an Eagle Scout, please proceed to the next section

Please indicate which skills you may be willing to share as a volunteer:

Clerical Skills:	Communication Skills:	Personal Skills to use/teach:	Nature Center Areas of Need:
<input type="checkbox"/> Typing	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Drawing	<input type="checkbox"/> Displays
<input type="checkbox"/> Filing	<input type="checkbox"/> Journalism	<input type="checkbox"/> Painting	<input type="checkbox"/> Trail Guide
<input type="checkbox"/> Phone/Receptionist	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Sewing	<input type="checkbox"/> Program Assistant
<input type="checkbox"/> Using Copier	<input type="checkbox"/> Research	<input type="checkbox"/> Crafts	<input type="checkbox"/> Office Assistant
<input type="checkbox"/> Librarian	<input type="checkbox"/> Photography	<input type="checkbox"/> Gardening	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Record updating	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Special Event Host	<input type="checkbox"/> Special Events
<input type="checkbox"/> Computer	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Handyman Repairs	<input type="checkbox"/> Prairie Maintenance
<input type="checkbox"/> Mailings	<input type="checkbox"/> Graphic Arts	<input type="checkbox"/> Tour Guide	<input type="checkbox"/> Special Programs/Projects
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Please Specify Other: _____

Additional Skills/Comments: _____

The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____

Your signature indicates your approval for us to check references and contact your physician regarding your physical and emotional health. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are offered without regard to religion, creed, race, national origin, age or sex.

If under age of 18 years, complete this section

Name of parent/guardian: _____

Telephone number where parent/guardian can be reached: _____

Day: _____ Cell: _____

Parental/Guardian Consent

I hereby give permission to perform volunteer service for Anoka County Parks and Recreation Department. I understand that in the event of an emergency, you will attempt to contact me. However, if I am unable to be reached, you may contact:

Name/relationship: _____

Day: _____ Cell: _____

I also give consent to take whatever emergency steps necessary to safeguard the health and welfare of my child.

Parent/Guardian Signature/date: _____