



Anoka County Family Caregiver Connection
 Anoka County Government Center
 2100 3rd Avenue
 Anoka, MN 55303
 Phone: 763-324-1831
 Email: amber.euerle@anokacountymn.gov

VOLUNTEER APPLICATION

**ANOKA COUNTY HUMAN SERVICES
 FAMILY CAREGIVER CONNECTION**

Thank you for your interest in volunteering with Family Caregiver Connection. Please complete the following application. For questions, please use the contact information listed above.

CONTACT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Emergency Contact's Number: _____

PERSONAL INFORMATION:

Employment Status: _____ Employer Name (if employed): _____

Current Position: _____ Work Phone: _____

Years of Education: _____ Major(s): _____

What knowledge, skills, and abilities can assist you as a volunteer? _____

Relevant interests or hobbies: _____

Relevant clubs and organizations you are a member of: _____

List relevant volunteer or salaried positions: _____

Foreign Languages (please specify): _____ Speak _____ Read _____ Write _____

VOLUNTEER INFORMATION:

How did you hear about Anoka County Family Caregiver Connection Program? _____

When can you start volunteering? _____ What will your length of service be? _____

REFERENCE INFORMATION:

Please provide three references who can comment on your ability to serve as a volunteer. The references must have known you for one year. At least one should be an employer or supervisor if possible. Please give the full address.

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

Do you have any objection to our contacting any of the references you have listed? ____ Yes ____ No

BACKGROUND INFORMATION:

Have you ever been convicted of a felony? ____ Yes ____ No (A yes answer will not prohibit volunteer placement unless conviction is for a crime that related adversely to the volunteer assignment for which you are applying.) If yes, provide details on a separate sheet and attach.

Please note: A clearance of criminal records is made for most Anoka County Human Services Volunteer Position applicants. Placement in these volunteer assignments is subject to the clearance as part of the application procedure.

The information on this application is requested so that we can assess your skills, aptitudes and interests, to determine your availability and to determine the best possible match for your volunteer position. Some of the information on this application may be public and some will be private. Some information will be available to staff who request volunteers. If you have any questions about the privacy of the information, you may discuss it with the Family Caregiver Connection Coordinator.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that submitting this application does not guarantee my acceptance into the Family Caregiver Connection Program and that assignment of volunteer work is based on the assessment made by Family Caregiver Connection Program staff. I understand that if I have misrepresented application information and/or fail to adhere to program guidelines, I may have my application approval withdrawn. If my application is approved, and if I accept a volunteer assignment, I agree to abide by all rules and regulations of Anoka County.

Signature: _____

Date: _____