

# Exercisabilities Volunteer Application

Instructions for completion: Please print all information as clearly as possible in ink. Provide all applicable information as detailed as possible. Please do not leave any blanks or questions unanswered. If a specific question does not apply, please state 'does not apply' (NA). If information is on your resume, type 'see resume'.

Our policy is to provide equal volunteer opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Education

School Name and Location	Major	Degree
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High School _____		
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College _____		
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College _____		
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Post-College _____		
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Professional Licenses/Certifications \_\_\_\_\_

Other Training \_\_\_\_\_

## Employment/Volunteer Experience

Organization: \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_

Title/Responsibilities \_\_\_\_\_

Dates \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Supervisor Email \_\_\_\_\_ Supervisor Phone Number \_\_\_\_\_

May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Organization \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer \_\_\_\_\_

Title/Responsibilities \_\_\_\_\_

Dates \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Supervisor Email \_\_\_\_\_ Supervisor Phone Number \_\_\_\_\_

May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

In addition to your work or volunteer history, are there other skills, qualifications, or experiences that we should consider?

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**A Background Check is required for Class 1, 2 and 3 Volunteers.**

What type of volunteer service are you interested in (please refer to volunteer job descriptions)?

Class 1 \_\_\_\_\_ (Minimum age of 15 required) Class 2 \_\_\_\_\_ (Minimum age of 18 required)

Class 3 \_\_\_\_\_ (Minimum age of 18 required) Special Event \_\_\_\_\_ (Minimum age of 15 required)

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Do you meet the minimum age requirement for the Volunteer Class you are applying for? \_\_\_\_\_

What is your general availability (day/time)? \_\_\_\_\_

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**References:** Please list 3 professional references. You are authorizing that we may call these individuals to verify work history and recommendations.

Name \_\_\_\_\_

Email and Phone \_\_\_\_\_

Affiliation \_\_\_\_\_

Name \_\_\_\_\_

Email and Phone \_\_\_\_\_

Affiliation \_\_\_\_\_

Name \_\_\_\_\_

Email and Phone \_\_\_\_\_

Affiliation \_\_\_\_\_

Attach additional information and/or resume for above details if necessary.

How did you find out about volunteer opportunities at Exercisabilities? \_\_\_\_\_

\_\_\_\_\_

I certify that the facts set forth in this application to volunteer are true and complete to the best of my knowledge. I understand that if I am selected, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational, employment and volunteer history and I release from liability and persons, companies and corporations supplying such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian printed name if volunteer is under 18 years printed name** \_\_\_\_\_

**Parent/Guardian signature if volunteer is under 18 years signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return Volunteer Application to:**

Jill Harkness  
Volunteer Coordinator  
Exercisabilities  
2530 Broadway Ave N  
Rochester, MN 55906  
[jill@exercisabilities.org](mailto:jill@exercisabilities.org)  
507-259-7570

Exercisabilities Volunteer Coordinator will contact you after your application is reviewed. Follow-up volunteer communications will take place via email.