

Interest/Skills (Please check any that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Gardening | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Adult Literacy | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Art/Painting | <input type="checkbox"/> Historical | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Auto Mechanic | <input type="checkbox"/> Homeland Security | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Singing/Musical Instrument |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Hospice | <input type="checkbox"/> Tax Return Assistant |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Knitting | <input type="checkbox"/> Teaching Arts & Crafts |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Juvenile Delinquency | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Law/Crime Prevention | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Library | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Yard Work _____ (please name one on line) |
| <input type="checkbox"/> Crocheting | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Outdoor Recreation _____ |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Ministry | <input type="checkbox"/> Sports _____ |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Missions | <input type="checkbox"/> Crafts _____ |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Office Skills | <input type="checkbox"/> Hobbies _____ |
| <input type="checkbox"/> Driving | <input type="checkbox"/> One-to-one visiting | <input type="checkbox"/> Medical Professional _____ |
| <input type="checkbox"/> Entertainment/Music | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Business Professional _____ |
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Photography | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Playing Cards/Games/Bingo | |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Program Surveys | |

Availability: Please check the times you are usually available for a volunteer assignment:

Sunday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	Monday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	Tuesday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	Wed. <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	Thurs. <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	Friday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
					Saturday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings

Clients I'd like to work with include:	
<input type="checkbox"/> Pre-school	<input type="checkbox"/> Elementary Students
<input type="checkbox"/> Teens	<input type="checkbox"/> Any
<input type="checkbox"/> Senior citizens	<input type="checkbox"/> Other:
<input type="checkbox"/> Physically challenged	<input type="checkbox"/> No client contact

Please return to:
Volunteer Services of Carlton County, Inc.
1219 14th Street Suite D
Cloquet, MN 55720

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Station(s) assigned _____

Job assigned _____

Date Assigned _____

Welcome Package Sent _____ (date)

Entered in Computer _____ (date) By: _____

Received by: _____ Date: _____