## CITY OF BLOOMINGTON MINNESOTA

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

## 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.

**Volunteer Application** 

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.

|   |           | supply on this applic |              |               |  | ess, nome phone numb    | er and your drivers   | license number. |  |  |
|---|-----------|-----------------------|--------------|---------------|--|-------------------------|-----------------------|-----------------|--|--|
|   |           |                       | PERSO        | ONAL INI      | FORMATION  |                         |                       |                 |  |  |
| Name: Last  |           |                       | First        |               |  |                         | Middle                |                 |  |  |
| Permanent address:  | Stree     | t                     | Apt.         |               | City   |                         | State                 | Zip Code        |  |  |
| Other address (if app   | licable): | Street                | Dorm/Apt.    |               | City   |                         | State                 | Zip Code        |  |  |
| Phone Numbers:  |           | Home                  | Cell         |               | Other  |                         | Birth date MM/DD/YYYY |                 |  |  |
| E-mail Address:   |           |                       |              |               | Is anyone at this add                            | iress aiready a volunte | er here? OYes         | O <sub>No</sub> |  |  |
|   |           |                       |              |               | If YES, please list thei                         | ir name(s):             |                       |                 |  |  |
| How did you learn ab  |           | eering with Blooming  |              | referred, ple | ase list their name.                             | MORNING                 | AFTERNOON             | EVENING         |  |  |
| List areas of interest  |           |                       |              |               | MONDAY   |                         |                       |                 |  |  |
|   |           |                       |              |               |  |                         |                       |                 |  |  |
|   |           |                       |              |               | WEDNESDAY  |                         |                       |                 |  |  |
| Special skills, experiences, hobbies and/or educational background: |           |                       | AVAILABILITY | THURSDAY      |  |                         |                       |                 |  |  |
|   |           |                       |              |               | FRIDAY   |                         |                       |                 |  |  |
|   |           |                       |              |               | SATURDAY   |                         |                       |                 |  |  |
| What do you hope to gain by volunteering?                           |           |                       |              | SUNDAY        |  |                         |                       |                 |  |  |
|   |           |                       |              |               | Amount of volun                                  | teer time available:    |                       |                 |  |  |
| REFERENCES  |           |                       |              |               |  |                         |                       |                 |  |  |
| Name:   |           |                       |              | Phone:        | Home   | Work                    | C                     | Cell            |  |  |
| Permanent address:  | Stree     | t                     | Apt.         |               | City   |                         | State                 | Zip Code        |  |  |
| Relationship:   |           |                       |              |               | Number of years known:                           |                         |                       |                 |  |  |
| Name:   |           |                       |              | Phone:        | Home   | Work                    | (                     | Cell            |  |  |
| Permanent address:  | Stree     | t                     | Apt.         |               | City   |                         | State                 | Zip Code        |  |  |
| Relationship:   |           |                       |              |               | Number of years known:                           |                         |                       |                 |  |  |
| Phone: 952-563-8779   | Т         | TY: 952-563-8997      | Fax: 952-563 | 3-8997        | E-mail: jweber@ci.bloomington.mn.us www.ci.bloom |                         | i.bloomington.mn.us   |                 |  |  |

| PERTINENT EDUCATION/EMPLOYMENT/VOLUNTEER EXPERIENCE  |                                 |  |                        |                                      |  |  |  |  |  |
|--|---------------------------------|--|------------------------|--------------------------------------|--|--|--|--|--|
| School Name/Location   | From                            | Dates<br>1 To                                    |                        | Course of Study                      |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
| Business/ Organization Name/ Location  |                                 |  |                        | Position                             |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
| Specialized training, apprenticeships, certifications a  | nd extra-curricu                | lar activities:                                  |                        |                                      |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
| CURRENT EMPLOYMENT   |                                 |  |                        |                                      |  |  |  |  |  |
|  |                                 |  |                        | . 0 0                                |  |  |  |  |  |
| Are you presently employed? Yes O N  | lo                              | May we contact your present employer? O Yes O No |                        |                                      |  |  |  |  |  |
| Present/last employer  |                                 | Address  |                        |                                      |  |  |  |  |  |
| Supervisor: Name   | Title                           |  |                        | Telephone Number                     |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
|  | Dates employed:<br>(month/year) | From   | То                     | Full time? O Yes O No                |  |  |  |  |  |
| Nature of duties:  |                                 |  |                        |                                      |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
|  | AUTO INFO                       | RMATION  |                        |                                      |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
| Complete if you may drive your car in your volunteer position.  Do you have a valid driver's license?YesNo If yes, license number:   |                                 |  |                        |                                      |  |  |  |  |  |
| Auto Insurance: I verify that I and/or any members of my family or extended family who may drive a car in their volunteer position   |                                 |  |                        |                                      |  |  |  |  |  |
| for Public Health, carries personal liability insurance on their vehicle(s) with limits in excess of the State of Minnesota minimums. I  |                                 |  |                        |                                      |  |  |  |  |  |
| also understand that it is my responsibility to notify the Public Health Division if my driver's license or insurance changes.  Policy Number: Date:   |                                 |  |                        |                                      |  |  |  |  |  |
| Signature:   |                                 |  |                        | Date:                                |  |  |  |  |  |
| I am interested in volunteering my services to the   | ne community a                  | nd understan                                     | d that I will not b    | pe an employee of the City of        |  |  |  |  |  |
| Bloomington. I certify that all the information I have provided on this application is correct. I understand If I am accepted as a   |                                 |  |                        |                                      |  |  |  |  |  |
| volunteer, any false statements, omissions, or other misrepresentations made by me may result in my immediate dismissal. I give permission for Public Health to contact the references provided. |                                 |  |                        |                                      |  |  |  |  |  |
| I understand that City staff may take video or photos of City sponsored activities. By signing this application I waive any objection  |                                 |  |                        |                                      |  |  |  |  |  |
| to the City using my image in its promotional materials. If I wish to object to the use of my image, then I will make my request   |                                 |  |                        |                                      |  |  |  |  |  |
| known to the Public Health Division in writing.  |                                 |  |                        |                                      |  |  |  |  |  |
|  | Printed Name                    |  |                        | <br>Date                             |  |  |  |  |  |
|  |                                 |  |                        |                                      |  |  |  |  |  |
| The City of Bloomington does not discriminate on the basis of dis  | sability in the admiss          | sion or access to,                               | or treatment or employ | yment in , its services, programs or |  |  |  |  |  |

activities. The City will investigate making reasonable accommodations upon request. Upon request, this information can be available in Braille, large print, audio tape and/or computer disk.