



MINNESOTA RIVER  
Area Agency on Aging®

## Volunteer Application

### Section I:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_

### Section II: (Optional)

Gender:  Male  Female

What is your ethnicity? \_\_\_\_\_

What languages (besides English) do you speak? \_\_\_\_\_

### Section III

Please check skills you possess:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Research                 | <input type="checkbox"/> Strong communication | <input type="checkbox"/> Media/Mass Communication |
| <input type="checkbox"/> Data analysis            | <input type="checkbox"/> Project management   | <input type="checkbox"/> Grant writing            |
| <input type="checkbox"/> Common operating systems | <input type="checkbox"/> Other: _____         |   |

Occupation (past occupation if retired): \_\_\_\_\_

Please list relevant volunteer experience: \_\_\_\_\_

Other information that will us make a good match (such as education, general interests/hobbies): \_\_\_\_\_

### Section IV

Do you have a valid driver's license?  Yes  No

Have you ever been convicted for violations of any laws, traffic, or otherwise?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any physical condition that may limit your activities?  Yes  No

If yes, please describe: \_\_\_\_\_

How did you hear about our volunteer opportunities? *(Select all that apply)*

- Presentation     Mailing     Newspaper     Other: \_\_\_\_\_  
 Online     Word of mouth     Senior LinkAge Line®

**Section V**

How many hours per month would you like to volunteer? \_\_\_\_\_

Would you be willing to drive to a neighboring community?     Yes     No

Are you willing to meet consumers in their home?     Yes     No

Please check the areas you would like to volunteer in *(Select all that apply)*

- Clerical tasks     Presentations     In-person assistance  
 Data entry     Application assistance     Meal site assessments  
 Booth management     Other: \_\_\_\_\_

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I certify that all information I have provided in this application is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for volunteer opportunities, or (2) discharge me from a volunteer position.

I understand that all volunteer positions with the MNRAAA require personal and professional reference checks. I authorize any person, school, employer, and organization named in this application form to provide relevant information and opinion that may be useful to the agency in making a volunteer placement decision, and I release such person and organizations from any legal liability in making such statements.

I understand that acceptance as a MNRAAA volunteer and assignment to a volunteer position is based on assessment by agency staff and the availability of a suitable position for me. I also understand that submitting this application does not obligate me to volunteer with the Minnesota River Area Agency on Aging®, Inc.

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Date

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The MNRAAA is an equal opportunity employer and does not unlawfully discriminate based on race, color religion, disability, sex, age, national origin, or sexual orientation.

**Please return your completed application to:**

Minnesota River Area Agency on Aging®, Inc.  
Attn: Volunteer Coordinator  
201 N. Broad St., Suite 102  
Mankato, Minnesota 56001

\*This constitutes as your electronic signature.