

VOLUNTEER APPLICATION FORM

Instructions: *Thank you for your interest in Tombolo!* Please read the application carefully and complete all the sections of the form thoroughly. This information is used for screening purposes and must be provided for your application to be considered. All information provided is confidential. Falsification of any information may terminate further consideration.

Name: _____ SS #: _____
Address: _____ Zip code: _____
Home phone: _____ Cell phone: _____
Work phone: _____ Fax: _____
Email Address: _____

Please list any other names you have used (maiden name, previous marriage, nickname, alias, etc.): _____

Date of Birth: _____ Gender: _____

Race/Ethnicity: African American Bi-racial Hispanic/Latino
 Asian American Caucasian

Fluent in any language other than English (please list): _____

Employment Status:

Full-time Part-time Retired Student Other: _____

EXPERIENCE

Highest level education completed:

High school diploma/GED AA/Some College BS/BA

Postgraduate/ Doctorate

Area of Study/Major/Degree: _____

School/College/University last attended: _____

Other relevant educational experience _____

Additional training or education (please describe): _____

Please list any community activities/services, social, fraternal or professional organizations/clubs and/or religious associations to which you belonged to:

Name:	Purpose/Activities of Organization:
_____	_____
_____	_____
_____	_____

Do you have any experiences in the following areas? If so please explain:

Social Work _____

Health Care _____

Child Care _____

Community Organizing _____

Please describe any past volunteer work experience, hobbies, interests, and/or life experiences that enhance your ability to support and advocate for families and children.

Briefly explain what led to your decision to apply to become a Tombolo volunteer. What attracted you to this particular program? How do you expect to benefit from this volunteer experience? _____

What strengths do you feel you will bring to the role of to support and advocate for families and children?

How/where did you first find out Tombolo?

In case of emergency, please contact: (Name) _____
Relation: _____ Phone: _____

REFERENCES

Please list three references, both personal and professional (for example: a relative, a close friend, and a non-relative/non-friend {employer or minister}):

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____
Address: _____

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____
Address: _____

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____
Address: _____

If employed: Current occupation/job title: _____
Employer name and address: _____

Days/hours of work: _____

Is it OK to contact you at work? Yes No

May we add your employer to our mailing list: Yes No

Contact name and title: _____

INTERESTS

Place a check next to all of the volunteer options you are interested in:

With the Circle of Program:

- friendly visits yard work shopping/errands
- escort/transportation light housework writing letters/reading
- respite care minor home repairs telephone reassurance
- maintaining family's outreach website or other on-line help

With the organization:

- Administrative: Mailings, Word Processing, Data Entry, Filing, Copying / Collating
- Recruitment & outreach: community fairs, health fairs, posting fliers, making introductory phone calls
- Fundraising: grant writing, hosting an event, volunteering at an event
- Marketing
- Other: _____

LEGAL

List all the states where you have resided as an adult: _____

Have you ever been convicted of a crime in this or any other state?

Yes No If yes, please explain: _____

Have you ever had an allegation of child abuse or neglect made against you?

Yes No If so, please explain: _____

Driver's License #: _____ State: _____ Expiration Date: _____

AVAILABILITY

How many hours per month are you available to volunteer? _____

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

Please check all that apply. I can volunteer:

- once a week twice a month once a month as needed other

COMMITMENT FOR CIRCLE OF CARE VOLUNTEERS

Are you able to make a required commitment to serving a family for one year?

Yes No

Are you able to attend ten (10) hours of the pre-service training?

Yes No

Will you be able to attend twelve (4) hours of in-service training per year?

Yes No

Are you able to make a commitment to have direct/face-to-face contact with your family at least once per month?

Yes No

MATCHING INFORMATION

Do you have any special interest, skills and/or hobbies? _____

Are you willing to work in a home where smoking takes place? Yes No

Are you allergic to pets? Yes No

List any special considerations for your placement (distance from home, preference for age or gender of care receiver, health condition, etc.)? _____

Do you have any physical condition that may limit your volunteer activities?

Yes No If yes, please describe: _____

What reservations, if any, do you have about volunteering with *Tombolo*?

Privacy Statement

Your privacy is our priority. All personal information you have provided will help us process you as a valued volunteer with our organization and will be treated as confidential. Your personal details will not be given to any external organization without your permission. We may also use your information in aggregate form for research purposes - in such cases individual names will not be identified.

Your opinions are valuable in order to ensure we continue to attract volunteers and understand their needs. From time to time you may be invited to participate in research projects to assist Tombolo in learning how we can do better. Participation in these projects is optional.

Consent

I understand that by submitting this application, I am authorizing and consenting that the following inquires to be made concerning my suitability to volunteer with Tombolo:

- Federal Bureau of Investigation (FBI) Criminal Background Check
- Minnesota/Previous Residential State Criminal Background Check
- Minnesota/Previous Residential State Department of Motor Vehicle Record Check
- Contact with Designated References.

Your Rights:

In Minnesota, background checks are typically initiated through the Bureau of Criminal Apprehension (BCA) and its databases. Rights include: (1) access to a copy of the background check report and any record that forms the basis of the report; (2) ability to challenge accuracy of the data under the Data Practices Act procedures; (3) notice whether applicant is being denied the position because of BCA report; and (4) not being required to pay directly or indirectly for the background check

Signature

Date

I understand that completing and returning this application does not automatically guarantee that I will be accepted for training.

Signature

Date

I understand that the screening process to become a volunteer consists of multiple phases, and that an invitation to, and/or completion of, training does not guarantee my appointment as a volunteer with Tombolo.

Signature

Date

I understand that because of the confidential nature of the screening process, the program is not obligated to disclose to me any reasons or sources for decisions concerning my acceptance or non-acceptance into the program. I understand that the program has to take the best interest of the children and families into consideration first when matching them with a volunteer. Thus, I understand that:

- the program is not obligated to assign, or to actively seek to assign me to a family.
- I am not obligated, if called upon, to perform volunteer services herein applied for
- Criteria used in the selection of volunteers will be used solely to insure that the individual is able to meet the responsibilities of a Tombolo volunteer. No individual will be rejected because of culture, ethnicity, national origin, gender, marital status, race or sexual orientation.

Signature

Date

No applicant will serve as a Tombolo Volunteer until all required documentation has been received, reviewed and approved for fulfillment of requirements by program personnel, whom shall have discretion to accept or reject any application.

Signature

Date

Tombolo will hold all information in my personal file in the strictest confidence. Such information becomes the property of the program. If I become an active volunteer with the program then I may request an opportunity to view my volunteer file, in writing. If I dispute such documents or information placed in my volunteer file, then I may make a written request to review my file with program personnel to address such disputes.

Signature

Date

I certify that all statements herein are complete and correct, and understand that any misrepresentation or omission made by me in this application or any supplement hereto will be sufficient grounds for immediate termination.

Signature

Date

Please complete this application and return by mail or email to:

Tombolo
3015 10th Avenue South
Minneapolis, MN 55407
nora@tombolo.mn