



Volunteer Application Form

Partnerships for Permanence
445 Minnesota Street Suite 1500
Saint Paul, MN 55101
(612) 221-7715

www.partnershipsforpermanence.org
Info@partnershipsforpermanence.org

Date: _____

If you have any questions, comments, or concerns about this application form, please email P4P's Executive Director/CEO at: info@partnershipsforpermanence.org. Your questions will be kept confidential.

Name:

First Name

Last Name

Address:

Address 1

Address 2

City

State

Zip Code

Contact Information:

Phone

Email

Preference

Have you ever been convicted of a felony for violence, dishonesty, or theft? (circle one)

Yes

|

No

If selected to be an Event Volunteer, are you willing to submit to a background check?

Yes

|

No

Education:

Name of High School

City

Start Date End Date

Did you graduate? (circle one)

Yes | No

Education #2:

Name of Post Secondary

City

Start Date End Date

Did you graduate? (circle one)

Yes | No

Education #3:

Name of Graduate School

City

Start Date End Date

Did you graduate? (circle one)

Yes | No

Work Experience:

Current Position's Title

Current Employer's Name

Date Started / Date Ended

Current Position's Responsibilities

Current Employer's Address

Current Employer's Phone Number

May we contact this employer? (circle one)

Yes | No

Work Experience #2:

Last Position's Title

Last Employer's Name

Date Started / Date Ended

Last Position's Responsibilities

Last Employer's Address

Last Employer's Phone Number

May we contact this employer? (circle one)

Yes

|

No

Volunteer Experience:

Current Position's Title

Current Organization's Name

Current Organization's Address

Current Position's Responsibilities

Current Organization's Phone Number

May we contact this organization? (circle one)

Yes

|

No

Volunteer Experience #2:

Last Position's Title

Last Organization's Name

Last Organization's Address

Last Position's Responsibilities

Last Organization's Phone Number

May we contact this organization? (circle one)

Yes

|

No

Reference #1:

Name of Personal Reference

Relationship to Personal Reference

Phone Number of Personal Reference

May we contact this reference? (circle one)

Yes

|

No

Reference #2:

Name of Professional Reference

Relationship to Professional Reference

Phone Number of Professional Reference

May we contact this reference? (circle one)

Yes

|

No

Why are you interested in volunteering with Partnerships for Permanence?

What specific tasks and/or role are you looking for with Partnerships for Permanence?

How many hours are you able to volunteer? Provide dates, days of the week, or specific times.

By signing below, I certify that all of the information provided above is true to the best of my knowledge. I acknowledge that I prepared or had someone else legally prepare this document for me at my direction. I further acknowledge and understand that as a volunteer, I will not be paid for the services I provide to Partnerships for Permanence.

Candidate's Signature: _____ Date: _____