



2200 Hillside Avenue
St. Paul, MN 55108
office@SAPASeniors.org
www.SAPASeniors.org
651-642-9052

Volunteer Application

Name: _____ Today's Date _____

First name Middle name Last name

Address: _____

Permanent Address _____

Previous Addresses (in last seven years):

Previous Names (like maiden name, other married names); _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Birth date: _____

Experience

Please list paid and/or volunteer positions. Indicate with a * position(s) in which you are currently working. Attach additional information if desired.

1. _____

2. _____

3. _____

4. _____

** Have you ever been convicted of a felony? ☐ yes ☐ no

** Have you ever been convicted of a misdemeanor: ☐ yes ☐ no

If checked yes, please explain: _____

Education

High School _____

College or University

Special Training or Skills _____

Areas of Volunteer Interest

Please circle your areas of interest.

Visitor	Home helper (chores)	Event organizing
Provide transportation	Office mailings	Computer assistance
Board member	Committee member	Caregiver respite visitor
Dog walker	Fundraising	Blood pressure checks
Run errands	Wash windows	Handyman skills
Do laundry	Arts and Crafts	Audio visual/tech help
Meals on Wheels driver	Exercise class lead/ shadow	Grant writing
Walking	Writing client stories	Paperwork (forms, taxes etc.)
Grocery Delivery	Phone Calling	Event Organizing
Host Movie/game day		

Other, specify _____

Availability

Days of the Week _____

Time of Day _____

Can you make a six-month commitment to our program? ☐ yes ☐ no

If no, how long are you able to commit to volunteering? _____

If matched with a senior citizen as a friendly visitor, are you able to commit to making contact with the senior once very two weeks?

(Contact includes phone calls, mailings, and personal visits.)

☐ yes ☐ no Comments _____

What type of activities do you enjoy doing for fun or leisure?

Are you fully vaccinated for Covid-19? Yes ___ No ___

Are you vaccinated for the Flu? Yes ___ No ___

If you will be using your car for your volunteer work, please complete:

Driver's License Number: _____ Expiration date: _____

Auto Insurance Company: _____

Policy Number: _____ Expiration date: _____

Is your driving record free and clear? ☐ yes ☐ no

If no, please explain: _____

I attest that the above information is true and accurate and that St. Anthony Park Area Seniors is not responsible for any personal injury or auto damage incurred while volunteering.

Signature

Date

How this Information is Used

We need the above information to help us to keep track of our volunteers. This information, as well as the hours that you report as a volunteer, helps us to secure the funds that we need through the government and private grants. We will also use the information provided in this application to check public databases for past criminal activity. If something comes up, it does not necessarily mean that you will be disqualified. We want to make appropriate assignments for our volunteers and our senior participants.

We assure you that we never give out any personal information without the volunteer's permission. We keep all volunteer personal paperwork in a locked office filing cabinet, which is only accessible to office staff. We shred any documents that are no longer needed that contain any personal information.