



Volunteer Application

PERSONAL INFORMATION

DATE: ___/___/___ BIRTH DATE: ___/___/___

NAME: _____
Last First Middle Nickname (if applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____)____-____ CELL PHONE: (____)____-____

WORK PHONE (____)____-____ EMAIL: _____

I PREFER TO BE CONTACTED VIA: Home phone Cell phone Work phone Email

EDUCATION AND WORK

EDUCATION COMPLETED: High School 2 years college 4 years college Masters +

ADDITIONAL EDUCATION INFORMATION: _____

EMPLOYMENT STATUS: Employed Retired In school Other: _____

CURRENT OR MOST RECENT OCCUPATION: _____

CURRENT OR MOST RECENT WORK PLACE: _____

CURRENT WORK PLACE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS OCCUPATIONS AND WORK PLACES: _____

COMMUNITY INVOLVEMENT

LIST COMMUNITY, PROFESSIONAL, RELIGIOUS, CIVIC, ETC. INVOLVEMENT: _____

LIST CURRENT VOLUNTEER POSITIONS: _____

LIST PREVIOUS VOLUNTEER POSITIONS: _____

INTERESTS AND SKILLS

LIST HOBBIES: _____

LIST INTERESTS: _____

PLEASE INDICATE SKILLS THAT YOU POSSESS:

- Public Relations Public Speaking Marketing Advocacy Sales Fundraising
 Electrical circuits/Wiring HAM radio knowledge Research/Internet Data Entry
 Database Bilingual: _____ Other: _____

PREFERENCES AND AVAILABILITY

PLEASE INDICATE ALL DAYS YOU ARE TYPICALLY AVAILABLE TO VOLUNTEER:

DAY	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Comments regarding availability: _____

PLEASE INDICATE WHICH VOLUNTEER POSITIONS INTEREST YOU:

- Reader - Live Reader - Recorded Clerical Listener Outreach Business Outreach
 Community Outreach Special Events Committee Technical Graphic Design
 Newspaper Producer Speaker's Bureau Fundraiser/Solicitor

ARE YOU INTERESTED IN VOLUNTEERING AT SPECIAL EVENTS? Yes No

ARE YOU INTERESTED IN ATTENDING SPECIAL EVENTS? Yes No

ARE YOU INTERESTED IN VOLUNTEERING FOR THE SHRINE? Yes No

(Those interested in volunteering at the Shrine will have their application information forwarded to the Shrine Volunteer Coordinator.)

REFERRALS

HOW DID YOU HEAR ABOUT MINDS EYE?

Newspaper Event Church Media Presentation Friend: _____
 Minds Eye volunteer: _____ Minds Eye website Other: _____

LIST NAMES AND CONTACT INFORMATION FOR PEOPLE YOU FEEL WOULD RECOMMEND

AS POTENTIAL VOLUNTEERS: _____

STATEMENT OF UNDERSTANDING

This is an application for a volunteer position with Minds Eye Information Service for which there is no monetary compensation. In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, gender, religion, disability, sexual orientation, age or any other basis prohibited by federal, state or local law.

I understand that any misrepresentation, omission or falsification of any part of this application or during the interview process may be cause for rejection of this application or dismissal from volunteer service.

I understand that all volunteer positions require a background check for individuals over the age of 18 and that my application may be rejected based on the results of the background check.

I understand that I am required to complete New Volunteer Orientation within one year of my anniversary date. Failure to complete this orientation may result in dismissal from the volunteer program.

I understand that, once accepted as a volunteer, I am a representative of Minds Eye Information Service and will always do my best to represent the organization in an honest, positive manner.

I agree to perform my volunteer assignment(s) to the best of my ability. I will ask for assistance if I need help performing any volunteer tasks assigned to me. I understand that Minds Eye is dependent on volunteers to complete their assignments in a timely and professional manner and that my regular attendance and punctuality are required, as well as important to my success.

I agree to read the Volunteer Handbook and adhere to the policies and procedures outlined in the handbook. I understand that failure to adhere to policies and procedures outlined in the Volunteer Handbook may result in dismissal from the volunteer program.

I agree that this contract can be severed at any time by me or a member of the Minds Eye Information Service staff.

VOLUNTEER SIGNATURE: _____ **DATE:** ____/____/____

STAFF SUPERVISOR SIGNATURE: _____

BRING COMPLETED APPLICATION TO VOLUNTEER INTERVIEW OR RETURN TO:

Minds Eye Information Service
Attn: Volunteer Program
9541 Church Circle Drive
Belleville, IL 62223

For office use only: Received: _____ Entered: _____ By: _____ Inactive date: _____
