

PACER CENTER
Puppet Program Volunteer Application

Name _____ Address _____

City _____ Zip _____ Home phone _____

Work phone _____ Cell _____ Email _____

Person to notify in emergency:

Name/Relationship _____ Phone _____

Current or most recent Employment

Employer _____ Position _____

Address _____ From _____ To _____

Volunteer History: Start with most recent

1. Organization _____ Position _____

Address _____ From _____ To _____

2. Organization _____ Position _____

Address _____ From _____ To _____

References: List one professional reference (employer, co-worker, teacher, clergy) and one personal reference (excluding relatives). **Please print.**

1. Name _____ Relationship _____

Address _____ City _____ Zip _____ Phone _____

2. Name _____ Relationship _____

Address _____ City _____ Zip _____ Phone _____

Have you ever been convicted of a felony? ___ Yes ___ No
If "yes" please explain _____

I declare that the information on this form is true and correct to the best of my knowledge. I understand that providing this information does not guarantee my acceptance as a volunteer nor does it obligate me to accept a volunteer assignment. I understand that PACER Center may request a background check on me pursuant to the Minnesota Child Protection Background Check Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so.

I agree to comply with program volunteer policies and procedures.

Signature _____ **Date** _____

Please complete other side

How did you learn about our volunteer program?

Pacesetter Internet site _____ Newspaper
 Staff or volunteer Other (specify) _____

Availability for Volunteering:

	Availability	Morning	Afternoon	Evening
Commitment:	Monday	_____	_____	_____
<input type="checkbox"/> More than 6 months	Tuesday	_____	_____	_____
<input type="checkbox"/> Less than 6 months	Wednesday	_____	_____	_____
<input type="checkbox"/> Weekdays	Thursday	_____	_____	_____
<input type="checkbox"/> Weekends	Friday	_____	_____	_____
<input type="checkbox"/> Intermittent (Please	Saturday	_____	_____	_____
explain) _____	Sunday	_____	_____	_____

Will you be receiving academic credit for your volunteer work? yes no
Do you have transportation? yes no

Please tell us about yourself so we can best match your skills and expectations.

What interests you in this volunteer position?

What talents, skills, hobbies or life experiences do you bring to your volunteering?

Anything else you would like us to know about you as a volunteer?

Please return this application to:

PACER Center Puppet Program
PACER Center, 8161 Normandale Blvd., Minneapolis, MN 55437-1044
952-838-9000 Voice, 952-838-0190 TTY, 952-838-0199 Fax
Parents in Greater Minnesota may call toll-free 1-800-53-PACER (537-2237)