



Date of Application: \_\_\_\_\_

**Fraser and Fraser Child & Family Center  
Volunteer Application**

Fraser, 2400 W 64<sup>th</sup> Street, Minneapolis, MN 55423

Phone: 612-861-1688 Fax: 612-861-6050 Email: [fraser@fraser.org](mailto:fraser@fraser.org)

Fraser Child & Family Center, 3333 University Ave SE, Minneapolis, MN 55414

Phone: 612-331-9413 Fax: 612-728-5301 Email: [fcfc@fraser.org](mailto:fcfc@fraser.org)

**Volunteer Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_yes \_\_\_\_no Do you have your own transportation? \_\_\_\_yes \_\_\_\_no

Are you willing to drive as part of the volunteer work? \_\_\_\_yes \_\_\_\_no

If yes, Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

**Education**

Highest grade completed: \_\_\_\_\_ Degree received: \_\_\_\_GED \_\_\_\_High School \_\_\_\_College \_\_\_\_Post Graduate

Course of study: \_\_\_\_\_ Other formal education/training: \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_yes \_\_\_\_no If yes, please list: \_\_\_\_\_

**Work Experience**

*(list your two most recent places of employment)*

Name of company or organization:                      Type of work or title you held:                      Year(s) worked:

1) \_\_\_\_\_

2) \_\_\_\_\_

**Volunteer Experience**

Name of company or organization:                      Type of volunteer position you held:                      Year(s) worked:

1) \_\_\_\_\_

2) \_\_\_\_\_

Other special training you have received: \_\_\_\_\_

*For Fraser Office Use Only*

Position assigned: \_\_\_\_\_ Classroom/Location: \_\_\_\_\_

### Reference

Name: \_\_\_\_\_ Phone/email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

### Areas of Interest

Program you are most interested in at Fraser/Fraser Child & Family Center: \_\_\_\_\_

Why do you want to work in this program? \_\_\_\_\_

\_\_\_\_\_

### Availability

Sessions you are available to volunteer: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Time of day you are available: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening Approximate start/end dates: \_\_\_\_\_

Days of the week you are available: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday

### Emergency Contact Information

*(Name, address and phone number of person we should contact in case of an emergency)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### Miscellaneous Information

How did you learn about this volunteer opportunity? \_\_\_\_\_

If requested, may we provide reference information regarding your work at Fraser and Fraser Child & Family Center?

\_\_\_\_\_ yes \_\_\_\_\_ no

### Conviction Record

Have you ever been convicted of a crime? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, briefly describe circumstances to include date of conviction, nature and place of offense, and disposition of case. This information is viewed as only one factor in your consideration of employment and is evaluated in terms of nature, severity, and date of offense. Do not include arrests without convictions and arrests, and convictions adjudged youthful offender.

\_\_\_\_\_

\_\_\_\_\_

All information submitted to Fraser and Fraser Child & Family Center by me is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this application may be cause for dismissal or denial of appointment to an internship position. By applying to Fraser and Fraser Child & Family Center, I acknowledge that I have a responsibility to act in accordance with Fraser's ethical guidelines, rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed application to:**

Fraser, 2400 W 64<sup>th</sup> Street, Minneapolis, MN 55423