



Volunteer Application
Hands Across the World

Application Date: _____

Name: _____

Address: _____

City/Zip: _____

Phone (Day): _____ **Phone (Evening):** _____

Email: _____

Please circle method of contact:

Call

Text

Email

Start date of volunteer: _____

End date of volunteer (Estimated): _____

Emergency Contact

Name: _____ **Relationship:** _____

Phone: (H) _____ **(W)** _____

Education and Training

Type of School	Name of School	Graduation Yr. & Degree

What languages do you speak fluently? _____

Current Occupation: Full-time Part-time Retired Unemployed

Company Name: _____ Position: _____

Other interest/Skills: _____

Please circle the class/tasks you are interested in helping with:

10:00 am- 1:00pm	4:00 p.m. – 7:00p.m	Misc.
<ul style="list-style-type: none">➤ Adult ESL➤ Early Childhood (Mon.- Fri.)➤ Online Instructor	<ul style="list-style-type: none">➤ After School Program “Learning Together Program” (Mon.- Thurs.)	<ul style="list-style-type: none">➤ Fundraising/Grant Assist.➤ Social Work➤ Study Mentor➤ Administration Assist.

Please circle the days and write down the times you would like to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday

Please help us in our recruitment efforts by telling us how you heard about our volunteer opportunities: please circle the one that best fits.

- A) Hands Across the World Volunteer/Employee
- B) Friend/Relative
- C) Website
- E) Newspaper
- F) School
- G) Community Agency

D) Church

H) Other

Please give the names and telephone numbers of two references:

1) _____

2) _____

Do you give permission to be included in agency promotional photography? Yes No

Signature _____

Signature of Applicant: _____ **Date:** _____

Return application to

Hands Across the World

Great River Public Library; Room 208

1300 St. Germain Street South

St. Cloud, MN 56301

OR/ info@handsacrosstheworldmn.org