

VOLUNTEER APPLICATION

Scott County Government Center #300
 Community Coordinator
 200 Fourth Ave. West
 Shakopee, MN 55379
 Telephone: (952) 496-8169

Fax: (952) 496-8877

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name: First Middle Initial Last <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.					
Is there an organization that tracks your volunteer efforts?		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
<input type="checkbox"/> You may release my name to agencies that meet my volunteer interests.		Age Range: <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+			
<input type="checkbox"/> Home Street Address 1		Street Address 2	City	State	Zip
<input type="checkbox"/> Work					
Day Phone		Evening Phone		E-mail Address	
What time of day would you prefer to be contacted? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Anytime			Would you like to receive information about opportunities through e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Employer			Drivers License # _____		
Volunteer Experience			Paid Experience		

Education: Please indicate the highest level of education you have attained.

- | | | |
|--|---|---|
| <input type="checkbox"/> High School/ GED | <input type="checkbox"/> Undergraduate Degree | <input type="checkbox"/> Post-Graduate Degree |
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Other _____ |

Conviction Status: Please indicate whether you have ever been convicted of a crime.

- | | | |
|---|---|--|
| <input type="checkbox"/> Never been convicted | <input type="checkbox"/> Convicted of a Misdemeanor | <input type="checkbox"/> Convicted of a Felony |
|---|---|--|

Insurance Coverage: Please indicated your health insurance coverage in case of injury?

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Insured by Organization | <input type="checkbox"/> Not Insured | <input type="checkbox"/> Self-Insured |
|--|--------------------------------------|---------------------------------------|

Ethnic Background: Please indicate your predominant ethnic background.

- | | | |
|---|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Latin-American | <input type="checkbox"/> Other _____ |

Health: Please indicate your current health condition (Choose all that apply).

- | | | | | |
|------------------------------------|-------------------------------|-----------------------------|-------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> OK | <input type="checkbox"/> Poor | <input type="checkbox"/> Have Allergies |
|------------------------------------|-------------------------------|-----------------------------|-------------------------------|---|

How Did You Hear About Us? Please tell us how you heard about our program (Choose one.)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Company – Employer | <input type="checkbox"/> Family / Friend | <input type="checkbox"/> Our Web Site |
| <input type="checkbox"/> Counselor/ Case Worker | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Phone Book |
| <input type="checkbox"/> Court Referred | <input type="checkbox"/> Other | <input type="checkbox"/> TV/Radio |

Activity Type: Please indicate the type of services you would like to perform. (Choose all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advisory Board Participant | <input type="checkbox"/> Driving | <input type="checkbox"/> Personal Care: Elderly |
| <input type="checkbox"/> Aide at PH Clinics | <input type="checkbox"/> Entertaining | <input type="checkbox"/> Personal Care: People with Disabilities |
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Preparing & Delivering Food |
| <input type="checkbox"/> Artistry/Photography | <input type="checkbox"/> Food Shelf | <input type="checkbox"/> Project/Event Organizing |
| <input type="checkbox"/> Arts and Crafts Instruction | <input type="checkbox"/> Foreign or Sign Language Interpretation | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Board, Committee or Council Mbr | <input type="checkbox"/> Foster Care for Adults | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Foster Care for Children | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Caring for Disabled People | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Caring for Elderly People | <input type="checkbox"/> Individual Outreach (Telephone / In Person) | <input type="checkbox"/> Receptionist / Telephone Support |
| <input type="checkbox"/> Caring for the Sick | <input type="checkbox"/> Internship | <input type="checkbox"/> Recreational Assistant |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Landscaping or Yard Work | <input type="checkbox"/> Recycling / Reuse Projects |
| <input type="checkbox"/> Childhood Immunization Clinic | <input type="checkbox"/> Language Translation | <input type="checkbox"/> Repairs and Maintenance |
| <input type="checkbox"/> Classroom Assistance | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Coaching Athletics | <input type="checkbox"/> Leading a Youth Group | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Collection and Distribution | <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Socializing / Companionship |
| <input type="checkbox"/> Companionship / Socializing | <input type="checkbox"/> Mass Population Clinic | <input type="checkbox"/> Training |
| <input type="checkbox"/> Computer Assistance/Instruction | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Computer/Web Programming | <input type="checkbox"/> Mediation: Victim / Offender | <input type="checkbox"/> Victim Advocate |
| <input type="checkbox"/> Construction and Building Projects | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Visiting & Developing Friendships |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Music / Cultural Instruction | <input type="checkbox"/> Weather Spotting |
| <input type="checkbox"/> Data Entry and Office Work | <input type="checkbox"/> Offender Services | <input type="checkbox"/> Writing / Editing |
| <input type="checkbox"/> Disaster/Emergency Team | <input type="checkbox"/> Personal Care: Basic Health | |
| | <input type="checkbox"/> Personal Care: Dental | |

Volunteer Group Type: Please indicate the type of volunteer you are? (Choose all that apply.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Environmental Group | <input type="checkbox"/> Large Group (11+) | <input type="checkbox"/> Service Club |
| <input type="checkbox"/> Children (age 5 – 11) | <input type="checkbox"/> Families | <input type="checkbox"/> Religious Group | <input type="checkbox"/> Small Group (2 – 10) |
| <input type="checkbox"/> College Student | <input type="checkbox"/> Individual | <input type="checkbox"/> Seniors | <input type="checkbox"/> Youth (age 12 – 18) |

Population Served: Please indicate who you would like to help through your volunteer experience. (Choose all that apply.)

- | | | | |
|---|--|--|---------------------------------|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Families | <input type="checkbox"/> Physically Challenged | <input type="checkbox"/> Male |
| <input type="checkbox"/> Children | <input type="checkbox"/> Infants | <input type="checkbox"/> Seniors | <input type="checkbox"/> Female |
| <input type="checkbox"/> Emotionally Challenged | <input type="checkbox"/> Mentally Challenged | <input type="checkbox"/> Youth | |

Availability: Please indicate when you are available. (Choose all that apply.)

- | <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> | <u>Saturday</u> | <u>Sunday</u> |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |

Length of Commitment: What kind of volunteer commitment can you offer? (Choose one.)

- 1 time only 1 month 3 months 6 months 1 year 2 years 3 years On-going

Hours per week that you are available: _____

Geographic Area: Please indicate the geographic area(s) where you would like to volunteer. (Choose all that apply).

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Belle Plaine ISD # 716 | <input type="checkbox"/> Jordan City | <input type="checkbox"/> Prior Lake ISD # 719 | <input type="checkbox"/> Shakopee City |
| <input type="checkbox"/> Belle Plaine City | <input type="checkbox"/> New Market City | <input type="checkbox"/> Prior Lake City | <input type="checkbox"/> Scott County Area Wide |
| <input type="checkbox"/> Elko City | <input type="checkbox"/> New Prague ISD # 721 | <input type="checkbox"/> Savage City | <input type="checkbox"/> Outside of Scott County |
| <input type="checkbox"/> Jordan ISD #717 | <input type="checkbox"/> New Prague City | <input type="checkbox"/> Shakopee ISD # 720 | |

Interests/Issues: Please indicate which issues interest you. (Choose all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advisory: Bd., Comm., or Council | <input type="checkbox"/> Environment: Air & Water Protection | <input type="checkbox"/> Social Health: Education |
| <input type="checkbox"/> Board: Extension | <input type="checkbox"/> Environment: Conservation | <input type="checkbox"/> Social Health: Employment |
| <input type="checkbox"/> Board: Housing & Redevelop Auth. | <input type="checkbox"/> Environment: Soil & Agriculture | <input type="checkbox"/> Social Health: Health & Aging |
| <input type="checkbox"/> Board: Library | <input type="checkbox"/> Government: City | <input type="checkbox"/> Social Health: Homelessness & Poverty |
| <input type="checkbox"/> Board: Parks | <input type="checkbox"/> Government: County | <input type="checkbox"/> Social Health: Human Services |
| <input type="checkbox"/> Board: Personnel Appeals | <input type="checkbox"/> Government: School | <input type="checkbox"/> Social Health: Industry & Economic Development |
| <input type="checkbox"/> Board: Watershed District | <input type="checkbox"/> Government: Township | <input type="checkbox"/> Social Health: Law Enforcement |
| <input type="checkbox"/> Committee: Community Health Adv. | <input type="checkbox"/> Government: Other | <input type="checkbox"/> Social Health: Library |
| <input type="checkbox"/> Committee: Mental Health Advisory | <input type="checkbox"/> Human Rights: Expanding | <input type="checkbox"/> Social Health: Population Based Health |
| <input type="checkbox"/> Committee: New Options Advisory | <input type="checkbox"/> Human Rights: People with Disabilities | <input type="checkbox"/> Social Health: Public Safety |
| <input type="checkbox"/> Committee: Planning | <input type="checkbox"/> Human Rights: Protecting | <input type="checkbox"/> Social Health: Tobacco |
| <input type="checkbox"/> Council: Emergency Medical Adv. | <input type="checkbox"/> Human Rights: Protecting Diversity | <input type="checkbox"/> Social Health: Transportation & Communication |
| <input type="checkbox"/> Council: Human Services Resource | <input type="checkbox"/> Human Rights: Quality of Life | <input type="checkbox"/> Youth: Health & Education |
| <input type="checkbox"/> Council: Justice Advisory | <input type="checkbox"/> Other: Animal Rights | <input type="checkbox"/> Youth: Rights of |
| <input type="checkbox"/> Council: Tobacco Coalition | <input type="checkbox"/> Other: Politics | <input type="checkbox"/> Youth: Serve their community |
| <input type="checkbox"/> Children: Mentoring | <input type="checkbox"/> Other: Religion | |
| <input type="checkbox"/> Children: Protecting | | |
| <input type="checkbox"/> Children: Nurturing | | |
| <input type="checkbox"/> Children: Preparing | | |

Skills: Please indicate both the skills you have to offer and the skills you would like to gain through participation in this opportunity. You may choose to both offer and gain the same skill if you want to improve a skill you already have. (Choose all that apply.)

- | | | | | | | | | | | | |
|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| <i>Offer</i> | <i>Gain</i> | <u>Arts and Culture</u> | <input type="checkbox"/> | <input type="checkbox"/> | Dance | <input type="checkbox"/> | <input type="checkbox"/> | Personal Grooming | <i>Offer</i> | <i>Gain</i> | <u>Health / Medical</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Music | <input type="checkbox"/> | <input type="checkbox"/> | Photography | <input type="checkbox"/> | <input type="checkbox"/> | Socializing | <input type="checkbox"/> | <input type="checkbox"/> | CPR |
| <input type="checkbox"/> | <input type="checkbox"/> | Theatre | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | First Aid |
| <i>Offer</i> | <i>Gain</i> | <u>Clerical</u> | <i>Offer</i> | <i>Gain</i> | <u>Education</u> | <input type="checkbox"/> | <input type="checkbox"/> | Daycare: Adults | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics |
| <input type="checkbox"/> | <input type="checkbox"/> | Filing / Copying | <input type="checkbox"/> | <input type="checkbox"/> | Daycare: Children | <input type="checkbox"/> | <input type="checkbox"/> | Defensive Driving | <input type="checkbox"/> | <input type="checkbox"/> | Home Health Care – unlic. |
| <input type="checkbox"/> | <input type="checkbox"/> | Receptionist/Telephone | <input type="checkbox"/> | <input type="checkbox"/> | Education: Elementary | <input type="checkbox"/> | <input type="checkbox"/> | Education: High School | <input type="checkbox"/> | <input type="checkbox"/> | Lab/Technical |
| <input type="checkbox"/> | <input type="checkbox"/> | Transcription | <input type="checkbox"/> | <input type="checkbox"/> | Education: Pre-School | <input type="checkbox"/> | <input type="checkbox"/> | Education: Special Needs | <input type="checkbox"/> | <input type="checkbox"/> | Mental Health |
| <input type="checkbox"/> | <input type="checkbox"/> | Word Processing | <input type="checkbox"/> | <input type="checkbox"/> | Education: Special Needs | <input type="checkbox"/> | <input type="checkbox"/> | Passenger Assistance | <input type="checkbox"/> | <input type="checkbox"/> | Paramedic |
| <i>Offer</i> | <i>Gain</i> | <u>Communications</u> | <i>Offer</i> | <i>Gain</i> | <u>Emergency / Disaster</u> | <input type="checkbox"/> | <input type="checkbox"/> | Tutoring | <input type="checkbox"/> | <input type="checkbox"/> | Pediatrics |
| <input type="checkbox"/> | <input type="checkbox"/> | Advertising/Marketing | <input type="checkbox"/> | <input type="checkbox"/> | CB or Ham Radio | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Physician |
| <input type="checkbox"/> | <input type="checkbox"/> | Audio/Visual | <input type="checkbox"/> | <input type="checkbox"/> | Disaster Cleanup | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Air Borne Diseases |
| <input type="checkbox"/> | <input type="checkbox"/> | Editing | <input type="checkbox"/> | <input type="checkbox"/> | Medical | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Blood Borne Pathogen |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Speaking | <input type="checkbox"/> | <input type="checkbox"/> | Firefighting | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | HHA / NA |
| <input type="checkbox"/> | <input type="checkbox"/> | Reading | <input type="checkbox"/> | <input type="checkbox"/> | Flood Control | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | LPN - licensed |
| <input type="checkbox"/> | <input type="checkbox"/> | Writing | <input type="checkbox"/> | <input type="checkbox"/> | Food & Clothing Coord. | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | NP - licensed |
| <i>Offer</i> | <i>Gain</i> | <u>Community</u> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Sheltering | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Nursing - licensed |
| <input type="checkbox"/> | <input type="checkbox"/> | Crime Prevention | <input type="checkbox"/> | <input type="checkbox"/> | 4 Wheel Drive Vehicle | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Nursing -- unlicensed |
| <input type="checkbox"/> | <input type="checkbox"/> | Politics | <input type="checkbox"/> | <input type="checkbox"/> | Incident Command Sys | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | PA – licensed |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Safety | <input type="checkbox"/> | <input type="checkbox"/> | Pubic Safety Radio Oper. | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Retired LPN - unlicensed |
| <input type="checkbox"/> | <input type="checkbox"/> | Tourism | <input type="checkbox"/> | <input type="checkbox"/> | Search and Rescue | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Retired RN – unlicensed |
| <i>Offer</i> | <i>Gain</i> | <u>Crafts</u> | <input type="checkbox"/> | <input type="checkbox"/> | Sheriff's Mounted Reser | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | RN – licensed |
| <input type="checkbox"/> | <input type="checkbox"/> | Handicrafts | <input type="checkbox"/> | <input type="checkbox"/> | Sheriff's Patrol Reserve | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | TMA |
| <input type="checkbox"/> | <input type="checkbox"/> | Needlework/Sewing | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Direction / Control | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Dying / Hospice |
| <input type="checkbox"/> | <input type="checkbox"/> | Woodworking | <input type="checkbox"/> | <input type="checkbox"/> | Weather Spotting | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Offer</i> | <i>Gain</i> | <u>Domestic</u> | <input type="checkbox"/> | <input type="checkbox"/> | Mobile Phone | <input type="checkbox"/> | <input type="checkbox"/> | | <i>Offer</i> | <i>Gain</i> | <u>Human Services</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Baking | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Transport |
| <input type="checkbox"/> | <input type="checkbox"/> | Canning/Freezing | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Asst. People with Disabil. |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Care | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Senior Care/Programs |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Victim Assistance |
| <input type="checkbox"/> | <input type="checkbox"/> | Companionship | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Single Parent Support |
| <input type="checkbox"/> | <input type="checkbox"/> | Food Prep/Service | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Victim Protection/ Advoc. |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Mentoring |

<i>Offer</i>	<i>Gain</i>	<u>Languages</u>	<i>Offer</i>	<i>Gain</i>	<u>Professional</u>	<input type="checkbox"/>	<input type="checkbox"/>	Golf
<input type="checkbox"/>	<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	Financial Advisor	<input type="checkbox"/>	<input type="checkbox"/>	Hiking
<input type="checkbox"/>	<input type="checkbox"/>	Arabic	<input type="checkbox"/>	<input type="checkbox"/>	Accounting / CPA	<input type="checkbox"/>	<input type="checkbox"/>	Hockey
<input type="checkbox"/>	<input type="checkbox"/>	Baltic	<input type="checkbox"/>	<input type="checkbox"/>	Business Consulting	<input type="checkbox"/>	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	<input type="checkbox"/>	Czech	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising/Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	Track and Field
<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Legal or Paralegal	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	Medical Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	Water Sports
<input type="checkbox"/>	<input type="checkbox"/>	French				<input type="checkbox"/>	<input type="checkbox"/>	Personal Safety
<input type="checkbox"/>	<input type="checkbox"/>	German	<i>Offer</i>	<i>Gain</i>	<u>Sports / Recreation</u>			
<input type="checkbox"/>	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	Baseball	<i>Offer</i>	<i>Gain</i>	<u>Trade/Technical</u>
<input type="checkbox"/>	<input type="checkbox"/>	Hmong	<input type="checkbox"/>	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	<input type="checkbox"/>	Auto Mechanics
<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	Bowling	<input type="checkbox"/>	<input type="checkbox"/>	Carpentry
<input type="checkbox"/>	<input type="checkbox"/>	Korean	<input type="checkbox"/>	<input type="checkbox"/>	Coaching	<input type="checkbox"/>	<input type="checkbox"/>	Computer Networking
<input type="checkbox"/>	<input type="checkbox"/>	Russian	<input type="checkbox"/>	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	<input type="checkbox"/>	Computer Operations
<input type="checkbox"/>	<input type="checkbox"/>	Somalian	<input type="checkbox"/>	<input type="checkbox"/>	Football	<input type="checkbox"/>	<input type="checkbox"/>	Computer Programming
<input type="checkbox"/>	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	Construction
<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	High Adventure	<input type="checkbox"/>	<input type="checkbox"/>	Electrician
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Defensive Tactics	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping
			<input type="checkbox"/>	<input type="checkbox"/>	Referee/Umpire	<input type="checkbox"/>	<input type="checkbox"/>	Plumber
<i>Offer</i>	<i>Gain</i>	<u>Leadership</u>	<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Web Design/Programming
<input type="checkbox"/>	<input type="checkbox"/>	Board Training	<input type="checkbox"/>	<input type="checkbox"/>	Special Olympics	<input type="checkbox"/>	<input type="checkbox"/>	Defensive Driving
<input type="checkbox"/>	<input type="checkbox"/>	Event Coordination	<input type="checkbox"/>	<input type="checkbox"/>	Swimming			
<input type="checkbox"/>	<input type="checkbox"/>	Project Coordination	<input type="checkbox"/>	<input type="checkbox"/>	Table Tennis			
<input type="checkbox"/>	<input type="checkbox"/>	Professional Trainer	<input type="checkbox"/>	<input type="checkbox"/>	Equestrian			
<input type="checkbox"/>	<input type="checkbox"/>	Human Resource Mngmnt	<input type="checkbox"/>	<input type="checkbox"/>	Fishing			

Transportation: Please indicate which transportation and access issues apply to you. (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> I can perform volunteer service from home. | <input type="checkbox"/> I need an opportunity near public transit. |
| <input type="checkbox"/> The opportunity must be wheelchair accessible. | <input type="checkbox"/> I can provide my own transportation. |
| <input type="checkbox"/> Handicapped parking must be available. | <input type="checkbox"/> I need the agency to provide transportation. |

Volunteer References

Who should be contacted in case an emergency involving you occurs during your volunteer service experience?

Name: _____	Phone: _____
Name: _____	Phone: _____

Any additional information you would like to provide about yourself (for example: What are your goals for volunteering?):

For Office Use Only

Interview Date: ____/____/____ Registration Date: ____/____/____