

Macalester-Groveland Seniors
a Living at Home/Block Nurse Program
1600 Grand Ave., St. Paul, MN 55105
651.696.6882
mgs@macalester.edu

Volunteer Application

Name: _____ Today's Date _____

Address: _____

Permanent Address _____

Phone: (Home) _____ (Campus) _____ (Cell) _____

Email: _____

Birthdate: _____

Experience

Please list paid and/or volunteer positions. Indicate with a * position(s) in which you are currently working. Attach additional information if desired.

1. _____

2. _____

3. _____

4. _____

**Have you ever been convicted of a felony? [] yes [] no

Tell us more: _____

Education

High School _____

Education Continued...

College or University _____

Special Training or Skills _____

Areas of Volunteer Interest

Please circle your areas of interest.

Friendly Visitor

Provide Transportation

Run errands

Light Housework

Office Mailings

Fundraising

Event Organizing

Computer Assistance

Other,specify_____

Availability

Days of the Week _____

Time of Day _____

Can you make a six-month commitment to our program? [] yes [] no

If no, how long are you able to commit to volunteering? _____

If matched with a senior citizen as a friendly visitor, are you able to commit to making contact with the senior once every two weeks?

(Contact includes phone calls, mailings, and personal visits.)

[] yes [] no **Comments** _____

What type of activities do you enjoy doing for fun or leisure?

References

Applicant's Name _____ Date _____

To complete your application file, please list the following information for three people who know you well but are **not relatives**. Ideally, each person should be able to comment on your professional and/or personal qualities as they relate to the volunteer position for which you are applying.

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Daytime phone (_____) _____ Email Address _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Daytime phone (_____) _____ Email Address _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Daytime phone (_____) _____ Email Address _____

I hereby give my consent to the Macalester-Groveland Seniors Program to contact my references.

Signature _____ Date _____