



Adult Volunteer Application

CONTACT INFORMATION

Name (First, Middle, Last)

Home Address

City State ZIP

Primary Phone Secondary Phone

Email DOB (MM/DD/YY)

EMPLOYMENT HISTORY Please begin with current/most recent employer.

Employer Name #1	Supervisor Name		
Address	City	State	ZIP
Phone	Dates-From	To	
Job Title	OK to Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer Name #2	Supervisor Name		
Address	City	State	ZIP
Phone	Dates-From	To	
Job Title	OK to Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STATEMENT OF INTEREST

Why are you interested in volunteering for the Dakota Center?

AREAS OF INTEREST/SKILLS Please circle all that apply.

Youth	Food Service	Field Trips	Clerical/Administrative	Other: _____
STEM	Reading	Special Events	Activities/Programming	_____
Arts	Computer Lab	Recreation/Sports		

AVAILABILITY

Please be aware that volunteering at the Dakota Center is typically a weekly commitment for at least 4 months (one semester).

Check all that apply. I am available Mon Tues Wed Thurs Fri

Volunteer shifts are typically 90 minutes between 3:00 and 6:00 pm.

Notes regarding availability:

REFERENCES Please list 2 non-family individuals you have known for at least one year.

Name	Relationship	Phone No.
Name	Relationship	Phone No.

VOLUNTEER EXPERIENCE

Org. Name #1	Supervisor Name
Address	City State ZIP
Phone	Dates-From To
Work Performed	

Org. Name #2	Supervisor Name
Address	City State ZIP
Phone	Dates-From To
Work Performed	

EDUCATION

School Name #1	Dates-From	To
Address	City	State ZIP
School Name #2	Dates-From	To
Address	City	State ZIP

AUTHORIZATION FOR BACKGROUND CHECK

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application (including criminal background check and reference checks for volunteer service as may be necessary to protect the clients of the Dakota Center).

Volunteer Applicant Signature _____ Date _____

Complete grey sections in the presence of Dakota Center staff.

VOLUNTEER STATEMENT

I understand that Dakota Center, Inc. requires the assistance of volunteers in the conduct of its various programs. It is my desire to further the work of Dakota Center, Inc. by performing services as a volunteer as assigned. I undertake to perform such services as a volunteer without compensation, and in performing such services, I acknowledge that I am NOT acting as an employee of Dakota Center, Inc.

Volunteer Applicant Signature _____ Date _____

Witness Signature _____ Date _____

VOLUNTEER AGREEMENT

As described above, I do hereby represent to Dakota Center, Inc. that the foregoing information and the following statements are true:

I have never been arrested as a result of a charge of child or adult abuse or of actual or attempted molestation of a minor.
 I have never been convicted of child abuse or of a crime involving actual or attempted sexual molestation of a minor.

Volunteer Applicant Signature _____ Date _____

Witness Signature _____ Date _____