



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 (if applicable) Please begin with current/most recent employer.

Employer Name #1

City/State/ZIP

Supervisor Name

Phone

Email

OK to Contact?

☐ Yes

☐ No

Job Title

Dates-From

To

Employer Name #2

City/State/Zip

Supervisor Name

Phone

Email

OK to Contact?

☐ Yes

☐ No

Job Title

Dates-From

To

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

Senior Services

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.
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Name	Relationship	Phone No.
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VOLUNTEER EXPERIENCE (if applicable)

Org. Name #1	Supervisor Name
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Phone	Dates-From	To
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Work Performed

Org. Name #2	Supervisor Name
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Phone	Dates-From	To
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Work Performed

EDUCATION Please begin with current/most recent degrees or diplomas.

School Name #1	Dates-From	Graduation
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Degree/Diploma	City	State	ZIP
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School Name #2	Dates-From	Graduation
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Degree/Diploma	City	State	ZIP
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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

COVID-19 VACCINATION CLAUSE

I hereby certify that before volunteering I will have received a fully vaccinated Covid-19 status in accordance with CDC guidelines. I will also readily show proof of vaccination, under further circumstances.

Volunteer Applicant 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/Staff Signature

Date
