

# Volunteer Application



Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Alternative Phone Number \_\_\_\_\_

## What volunteer position(s) are you interested in? Please check all that apply

Activity Host \_\_\_ Pottery Instructor \_\_\_ Ceramic Studio Monitor \_\_\_ Kiln Firing \_\_\_

Technology and Computer Instructor \_\_\_ Welcome Desk \_\_\_ Pool Monitor \_\_\_

Other \_\_\_\_\_

## What are your interests? Please check all that apply?

Art Activities \_\_\_ Aqua Fitness \_\_\_ Adventure Activities \_\_\_ Baking \_\_\_

Billiards \_\_\_ Card Games \_\_\_ Ceramics \_\_\_ Cooking \_\_\_ Crafts \_\_\_

Dance lessons \_\_\_ Fitness \_\_\_ Recreation Leagues \_\_\_ Relaxation Activities \_\_\_

Pickelball \_\_\_ Technology \_\_\_ Trips \_\_\_ Wellness \_\_\_ Other \_\_\_\_\_

**What skills or knowledge do you wish to share while you are volunteering? (i.e. proof reading, creating flyers, distributing program guides)**

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**What time are you available? Please check all that apply**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

**What is your past volunteer experience?** \_\_\_\_\_

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**Read before signing**

125 LIVE does not discriminate against volunteers on the basis of race, color, creed, religion, national origin, gender, and marital status, status with regard to public assistance or disability in the admission or access to, or treatment of volunteering in its programs or activities. The facts set forth in my application are true and complete. I understand that if I volunteer, false statements on this application shall be considered cause for dismissal. I authorize investigation of all statements and matters contained in this application which the 125 LIVE may deem relevant to my volunteer services. I release each person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_  
(If under 18 years)

**Date** \_\_\_\_\_

Drop Off, Email, or Mail Application to:

125 LIVE  
125 Elton Hills Drive NW  
Rochester, MN 55901

e: [info@125livemn.org](mailto:info@125livemn.org)  
p: 507-287-1404