



CENTER FOR ACTIVE ADULTS

# Volunteer Application

please complete this form in its entirety and submit for volunteer consideration

ARE YOU A CURRENT 125 LIVE MEMBER?  YES  NO

IF YES, PRINT YOUR NAME AND SKIP TO SECTION B, C AND D

## VOLUNTEER INFORMATION - PRINT INFORMATION LEGIBLY

SECTION A

FIRST / MIDDLE / LAST

MAIDEN / ALIAS / FORMER

STREET ADDRESS / CITY / STATE / ZIP CODE

HOME PHONE / MOBILE PHONE

DATE OF BIRTH

EMERGENCY CONTACT / RELATIONSHIP

PRIMARY PHONE

SECTION B

In which volunteer position(s) are you interested? Please select all applicable interests.

- Activity Host |  Pottery Instructor |  Ceramic Studio Monitor |  Welcome Desk
- Technology and Computer Instructor |  Pool Monitor

Other \_\_\_\_\_

Please select all applicable interests.

- Art Activities |  Aqua Fitness |  Cooking / Baking |  Billiards |  Card Games
- Ceramics / Pottery |  Crafts |  Dance |  Fitness |  Rec Leagues
- Pickleball |  Technology |  Trips |  Wellness |  Relaxation Activities

Other \_\_\_\_\_

**SECTION C**

**What skills or knowledge do you wish to share while volunteering at 125 LIVE?**

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**Have you been a volunteer in the past? If so, please share your roles, positions.**

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**SECTION D**

**What time(s) are you available? Please check all applicable times and dates.**

	MON	TUE	WED	THUR	FRI	SAT	SUN
MORNINGS							
AFTERNOONS							
EVENINGS							

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

\_\_\_\_\_  
Signature of Parent / Guardian

(if volunteer is under the age of 18)

\_\_\_\_\_  
Date



CENTER FOR  
**ACTIVE  
ADULTS**

# Criminal History Record

please complete this form in its entirety and submit for volunteer consideration

## NON-PROFIT ORGANIZATION ACCOUNT #5072871409

**Agency Requesting Information:** 125 LIVE (Senior Citizens Services, Inc.)  
125 Elton Hills Dr NW  
Rochester, MN 55901  
(507) 287-1404

**TODAY'S DATE:** \_\_\_\_\_

## VOLUNTEER INFORMATION - PRINT INFORMATION LEGIBLY

\_\_\_\_\_  
FIRST / MIDDLE (FULL) / LAST

\_\_\_\_\_  
MAIDEN / ALIAS / FORMER

\_\_\_\_\_  
STREET ADDRESS / CITY / STATE / ZIP CODE

\_\_\_\_\_  
HOME PHONE / MOBILE PHONE

MALE  FEMALE  OTHER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SEX

**By signing this criminal history record request, I authorize the Minnesota Bureau of Criminal apprehension to disclose all criminal history record information to 125 LIVE for the purpose of volunteering with their agency. The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.**

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

\_\_\_\_\_  
Date