Volunteer Application

125 Live
125 Elton Hills Drive NW
Rochester.MN.55901
507-287-1404
125livemn.org

Are you currently a member of 125 LIVE? Yes No

Today's date _____

Volunteer information – please print legibly

_____
FIRST/LAST NAME

_____
ADDRESS/CITY/STATE/ZIP CODE

_____
PHONE EMAIL

_____
DATE OF BIRTH

_____
EMERGENCY CONTACT/RELATIONSHIP/PHONE

IN WHICH VOLUNTEER POSITIONS ARE YOU INTERESTED IN? (Check the positions below)

☐ Special Events	☐ Welcome Desk	☐ Technology Help	☐ Food Pantry
☐ Lunch Serving	☐ Tour Guide	☐ Digital Devices	☐ Donation Pickups
☐ Instructor	☐ Library	☐ Vita Tax	☐ Pottery Studio

DO YOU HAVE ANY OTHER AREAS OF INTEREST YOU WOULD LIKE TO SHARE?

_____

_____

HOW DID YOU HEAR ABOUT 125 LIVE?

_____

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WHAT SKILLS OR KNOWLEDGE DO YOU WISH TO SHARE WHILE VOLUNTEERING AT 125 LIVE?

_____

_____

_____

HAVE YOU BEEN A VOLUNTEER IN THE PAST? IF SO, PLEASE SHARE YOUR ROLE OR POSITION.

_____

_____

_____

WHAT IS YOUR AVAILABILITY? WHEN WOULD YOU LIKE TO VOLUNTEER?

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Mornings	___	___	___	___	___	___	___
Afternoons	___	___	___	___	___	___	___
Evenings	___	___	___	___	___	___	___

125 LIVE does not discriminate against volunteers based on race, color, creed, religion, national origin, gender, or 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 if I volunteer, false statements on this application shall be considered cause for dismissal. I authorize investigation of all statements and matters contained in the application which 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 OR GUARDIAN **DATE**
(if applicant is under the age of 18)

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Criminal History Record

Please complete this form in its entirety

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:

FIRST / MIDDLE (FULL) / LAST

MAIDEN / ALIAS / FORMER

STREET ADDRESS / CITY / STATE / ZIP CODE

HOME PHONE / MOBILE PHONE

☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH GENDER

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

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Confidentiality Policy:

The principal of confidentiality is basic to the maintenance of professional ethics and community respect. All employees and volunteers of 125 LIVE have a set of ethical responsibilities by which they are bound to the Center and members, the community and themselves. 125 LIVE volunteers and employees act in good faith, expecting their circumstances and personal matters to remain confidential. 125 LIVE volunteers are obligated by law and ethics to reciprocate.

-All employees and volunteers will take responsibility for protecting the confidentiality of all riders. Conversations between members, volunteers, and Center employees should be kept private among those parties.

-All written and unwritten information concerning 125 LIVE members are considered confidential.

-All written information regarding the 125 LIVE will be maintained in files. Only those employees with a “need to know” will have access to these files.

I have read and understand the above Confidentiality Policy:

Signature: _____

Date: _____