VOLUNTEER APPLICATION

(Please Fill Out Completely)

Office Use Only Return To: East Side Neighborhood Services, Inc. Referred By: __ Dept. Assigned To: Maci Bekele 1700 Second Street NE Programs: Community Service: Yes ___ No ___ Minneapolis, MN 55413 Fax: (612) 787-4001 Background Check: _____ Entered: Name: Mr./Mrs./Ms. Home Address: _____ Street City Zip Code County State Email: _____ Employer Address: ____ Street City County State Zip Code Were you referred to the Volunteer Department? Yes ____ No ____ If yes, by whom? _____ **Previous Volunteer Experience:** What year did you first begin volunteering? Have you ever volunteered with ESNS before? Yes ____ No ____ If yes, what year(s)? What Department(s)/Program(s) did you volunteer with? CONFIDENTIAL – DEMOGRAPHIC DATA FOR STATISTICAL PURPOSES ONLY Sex: Male___ Female ___ Date of Birth: ___/___ Ethnicity: African ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Multi-race ___ Unknown ___ Specify Ethnicity: _____Somali____ Income Level: Low-income ____ Not Low-income ____

VOLUNTEER INTERESTS GENERAL SERVICE AREAS AND EXPERTISE **Nurturing Children & Youth** __ Abuse (Domestic, Other) ___ Advocacy Specific interests and/or expertise around children's Arts issues: Collaborations/Networks Computers ___ Counseling, Children/Teens Counseling, Adults Children's Issues ____ Strengthening Families **Developmental Disabilities** Education Alternatives Specific interests and/or expertise around family **Employment** issues: ___ Foreign Language(s) __ Fundraising ___ Health Advocacy __ Issues of Diversity Older Adults ____ Supporting Older Adults Physical Disabilities Retail Sales Specific interests and/or expertise around older adults ___ Tax preparation issues: Teaching Violence Prevention Women's Issues ___ Writing/Marketing Other (please specify) _ Increasing Self-Sufficiency Specific interests and/or expertise around increasing self-sufficiency: REFERENCES Please list the names of two individuals what **Respecting Diversity** we can contact: Specific interests and/or expertise around respecting diversity issues: Name: Address: ____ Promoting Health & Wellness Specific interests and/or expertise around health and wellness issues: Phone: (____)____ Name: Administrative Address: Specific interests and/or expertise in areas such as data entry, office tasks, writing, committee member:

Phone: (____)_____