

EA Therapeutic Health Volunteer Application

Instructions for completion: Please print all information as clearly as possible in ink. Provide all applicable information as detailed as possible. Please do not leave any blanks or questions unanswered. If a specific question does not apply, please state 'does not apply' (NA). If information is on your resume, type 'see resume'.

Our policy is to provide equal volunteer opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

First Name _____ Last Name _____ Middle Name _____

Street Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Cell phone _____

Email Address _____

Education

School Name and Location	Major	Degree
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High School _____		
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College _____		
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College _____		
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Post-College _____		
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Professional Licenses/Certifications _____

Other Training _____

Employment/Volunteer Experience

Organization: _____ Employee _____ Volunteer _____

Title/Responsibilities _____

Dates _____ Name of Supervisor _____

Supervisor Email _____ Supervisor Phone Number _____

May we contact? Yes _____ No _____

Organization _____ Employee _____ Volunteer _____

Title/Responsibilities _____

Dates _____ Name of Supervisor _____

Supervisor Email _____ Supervisor Phone Number _____

May we contact? Yes _____ No _____

In addition to your work or volunteer history, are there other skills, qualifications, or experiences that we should consider?

What kinds of experience have you had with people with disabilities, if any? _____

A Background Check is required for Class 1, 2 and 3 and 3(S) Volunteers.

What type of volunteer service are you interested in (please refer to volunteer job descriptions)?

Special Event _____ (Minimum age of 15 required)

Class 1 _____ (Minimum age of 16 required)

Class 2 Program Assistant _____ (Minimum age of 16 required)

Class 2 Program Lead _____ (Minimum age of 18 required)

Class 3 _____ (Minimum age of 18 required)

Class 3(S) _____ (Minimum age of 18 required)

Do you meet the minimum age requirement for the Volunteer Class you are applying for? _____

What is your general availability (day/time)? _____

References: Please list 3 professional references. You are authorizing that we may contact these individuals to verify work history and recommendations.

Name _____

Email and Phone _____

Affiliation _____

Name _____

Email and Phone _____

Affiliation _____

Name _____

Email and Phone _____

Affiliation _____

Attach additional information and/or resume for above details if necessary.

How did you find out about volunteer opportunities at EA Therapeutic Health? _____

I certify that the facts set forth in this application to volunteer are true and complete to the best of my knowledge. I understand that if I am selected, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational, employment and volunteer history and I release from liability and persons, companies and corporations supplying such information.

Signature _____ Date _____

Parent/Guardian printed name if volunteer is under 18 years _____

Parent/Guardian signature if volunteer is under 18 years _____

Date _____

Please return Volunteer Application to:

Jill Harkness
Volunteer Coordinator
EA Therapeutic Health
2530 Broadway Ave N
Rochester, MN 55906
jill@ChooseEA.org
507-259-7570

EA Therapeutic Health Volunteer Coordinator will contact you after your application is reviewed.
Follow-up volunteer communications will take place via email.

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11/08/22