



Karen Organization of Minnesota
2353 Rice Street, Suite 240
Roseville, MN 55113
Phone: 651-788-7593 FAX: 651-788-7909

Volunteer Application

**Required information*

*Date applied.....

Personal Information

*First Name..... *Last Name

*Address City/State/Zip.....

*Telephone Email.....

*Preferred method of contact: Phone Email Mail

*Date of Birth.....

Skills and Experience

Education (highest level completed)

*Grades: 7-9 10-12 Technical/Vocational School College Graduate School

If you are in school, what school do you attend?

List previous volunteer experience.....

***Languages:** *(include language name and level of proficiency in verbal and written communication)*

1

2

3

Volunteer Interests

Why do you want to volunteer at KOM?

.....

.....

***What kind of work would you like to do here?**

Language Interpretation / Translating

ESL Tutoring or Youth Tutoring

Youth Mentorship

Human Services

Data Entry/Filing

Event Support

Civic/Voter Engagement

Other

Continue to other side

***Are you applying for a volunteer position or an internship?**

Volunteer (about 2-4 hours per week)

Internship (about 8-12 hours per week depending on position)

Volunteer availability

***Start Date:** ____ / ____ / ____ **End Date (leave blank if availability is ongoing):** ____ / ____ / ____

***(Circle all applicable and write in available times; for example, 12:30pm – 5:00pm)**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have a valid driver's license? No Yes

Are you over the age of 25? No Yes

Do you have access to a car? No Sometimes Yes

Do you have car insurance? No Yes

Emergency Contact

In an emergency, notify:

*Name..... *Phone Number.....

*Relation to You.....

I hereby attest that the above information is true to the best of my knowledge.

.....
*(Volunteer Signature)

.....
*(Date)