



Volunteer Application

Minnesota Visiting Nurse Agency
3433 Broadway St NE, Ste 300
Minneapolis, MN 55413
Email: volunteer@mvna.org Fax: 612-617-4659

Today's Date _____

Our Mission

The mission of Minnesota Visiting Nurse Agency is to provide comprehensive and culturally competent Community Health and related services in collaboration with Public Health and Health Service Providers to ensure a healthy future for Minnesota residents.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	()
Work Phone	()
Cell Phone	()
E-Mail Address	
Preferred Method of Contact	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Flu Clinic Host/Greeter | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Phone Bank |
| <input type="checkbox"/> Club 100 Team Leader | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Transcription |
| <input type="checkbox"/> Club 101 Team Leader | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Holiday Support | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Events | <input type="checkbox"/> Lifeline Installer | <input type="checkbox"/> Web/IT Support |
| <input type="checkbox"/> Field Work | <input type="checkbox"/> Mailing Production | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Marketing | _____ |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, or through previous volunteer work.

Hobbies or Interests

Summarize your hobbies and special interests.

Previous Volunteer Experience

Organization Name	
Street Address	
City ST ZIP Code	
Supervisor Name	
Phone	()
E-Mail Address	
May we contact?	Yes No

Summarize your previous volunteer experience.

Employment Data (optional)

Company Name		
Street Address		
City ST ZIP Code		
Supervisor Name		
Phone	()	
E-Mail Address		
Your Job Title		
Employed- when to when	Beginning (mo/yr)	Ending (mo/yr)
May we contact them?	Yes	No

Education and Training (optional)

Formal education is not required to be a volunteer. We welcome experience of all kinds!

School Name		
Location		
School start/end dates	Beginning (mo/yr)	Ending (mo/yr)
Course of study		
Did you graduate	Yes	No
Type of graduate	Diploma Degree	
Highest degree earned	Elementary High School	Associate Bachelors Master
Other education		

Personal Reference

Please list two references besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

Name		
Relationship to you		
Street Address		
City ST ZIP Code		
Home Phone	()	
Work Phone	()	
E-Mail Address		

Name		
Relationship to you		
Street Address		

City ST ZIP Code	
Home Phone	()
Work Phone	()
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	()
Work Phone	()
Cell Phone	()

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Today's Date	

Our Practice

It is the practice of this organization to provide equal opportunities to volunteers, without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. MVNA complies with both the letter and the spirit of the federal, state and local laws prohibiting discrimination.

Thank you for completing this application form and for your interest in volunteering with us.

