GROUP VOLUNTEER REGISTRATION FORM

Community Action Partnership of Ramsey & Washington Counties

PLEASE PRINT CLEARLY:

Name of Group/Company/Sponsoring Org.: ___________________________________________

Name of Department: ________________________________ Mail Code: ____________________

Leader’s Name: __________________________________________ Ms./Mr./Other __________
First M ______ M ______ L ______ Salutation (optional)

Address: __________________________________________ Home Phone ______________
Street/Apt City State Zipcode Work Phone ______________

Leader’s Email Address: __________________________________________

Assistant Leader’s Name: __________________________________________ Home/Work Phone ______________

Assistant Leader Email Address: __________________________________________

_________________ Total # of volunteers ___________ Total # hours (if Prepare the Packet)

_________________ # of adults (over age 18)
_________________ # of teens (age 16-17)
_________________ # of youth (age 13-15)

NOTE: Youth under the age of 18 must be accompanied by a parent/guardian at all times.

Are you willing to divide a large group into smaller work-teams? Yes No

We will strive to place you in close proximity, if possible

Are all the volunteers over the age of 18? Yes No

Ratio of group should not exceed 6 youth per adult. All youth under age 18 must be accompanied by an adult
when at a Community Action facility.

PHOTOS: Our group is willing to submit photos for Community Action publications YES NO

Please note that a photo consent form must be completed by all in the photo, contact us for details.

How did you find out about volunteering at Community Action? ______________________________

KIT COLLECTION/ASSEMBLE & OTHER (year-round)

_____ Car Safety Kit ________ Infant/Toddler Kit: Summer
_____ Infant/Toddler Kit: Winter ________ Pre-schooler Kit: Summer
_____ Pre-schooler Kit: Winter ________ Food for Kids (food collection by volunteers of any age)
_____ Prepare the Packet (completed at your location or the Community Action office; age 13+ w/adult)
_____ Entertainer (specify talent) ____________________________ (age 13+ w/adult)

Please continue to page two
HEAD START CENTER  (age 13+ w/adult)
______ Clean the Bus at the St Paul - Frogtown location  (age 13+ w/adult)
______ Playground/Clean-Up in St Paul: (specify site)  Battle Creek  Frogtown  Midway

Available Date(s) & Time Frame(s) Two hour minimum required.  (Example: Monday, March 14, noon-4pm)

________________________________________________________________________  ____________  Back Up Date: ____________

Clean the Bus Details: (mid-June thru July weekdays; or Fridays-only during the school-year)

Playground Details: (mid-April to mid-May for spring; mid-October thru Nov for autumn)

Playground clean-up/raking Fridays preferred or Monday - Thursday late afternoon. Evenings or weekends may be an option. Must occur when children are not on the playground.

Note: Midway location has monthly clean-up opportunities available from May thru September.

Can you bring along your own supplies/tools?  YES  NO

If YES, write supplies/tools in last section. You must bring along your own gloves and rakes.

OUTDOOR SKILLS

__ Gardening (weeding, trim bushes, removing yard debris, adding mulch, etc.)
__ Landscaping (moving plants, installing hardscape, heavy duty tasks, etc.)
__ Painting  ______ Yes, we could buy paint/brushes for the project (optional)
__ Raking/yard-cleanup (Spring: mid-April thru May; Autumn: mid-October thru November)
__ Wash exterior windows

INDOOR SKILLS (projects occasionally available year-round)

__ Cleaning (sweeping, mopping, washing walls, etc)
__ Organizing (rooms, cabinets, closet, drawers, etc)
__ Painting  ______ Yes, we could buy paint/brushes for the project (optional)
__ Wash interior windows

OTHER SKILLS, LANGUAGES, and TOOLS AVAILABLE  (Ex: gardening or painting tools.)

________________________________________________________________________

CERTIFICATION & SIGNATURE

I certify that all the information provided on this registration form is true, correct and complete. I understand that any misrepresentation or omission may be grounds for discharge from volunteering whenever discovered.

I aware that all volunteer positions are unpaid.

Group Leader’s Name (Please print): ________________________________

Group Leader’s Signature: _________________________________________

Date: ______________

○ Check if you do not want to receive the Community Action agency e-newsletter.

THANK YOU EVER SO MUCH!!

Please mail this form to:
Volunteer Specialist, 450 Syndicate Street N, Suite 35; St Paul MN  55104
FAX: 651-603-5925 ATTN: Vol Spec   EMAIL: volunteers@caprw.org
Direct Dial Phone: 651-603-5979