ONGOING INDIVIDUAL VOLUNTEER REGISTRATION FORM

Community Action is an EEO/AA/ADA organization

| PLEASE PRINT C | LEARLY: | | | | | |
|--|--|---------------------------------|-----------------|------------|---------------------------------------|--|
| Full Legal Name: | | | | | Ms. / Mr. / Other | |
| | First | Middle | | Last | Salutation (optional) | |
| Current Address: | | | | | Home Phone: | |
| | Street/Apt | City | State | Zipcode | Work Phone: | |
| Email Address: | | | | | Cell Phone: | |
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| May we contact super Timeframe (when star Your Position Title: | pnone number & e ervisor as reference arted and ended) w | mail: e? YES rith month & | NO E & year: | Email: | | |
| Supervisor's Name, May we contact super Timeframe (when star Your Position Title: | phone number & e ervisor as reference arted and ended) w | mail: e? YES rith month & | NO E & year: | mail: | | |
| | PAID | EMPLO' | YMENT | EXPERIE | ENCE | |
| Your Job Title: | phone number & e ervisor as reference arted and ended) w | mail: e? YES rith month & | NO E | Email: | • | |
| | | | | | | |
| Supervisor's Name, | phone number & e | mail: | | | | |
| May we contact supe | ervisor as reference arted and ended) w | e? YES with month 8 | ß year: | | | |

REFERENCESPlease print the **full name, e-mail**, phone number, and relationship of **two** people for character references or

attach a list. Sorry, no relatives or housemates are permitted. The two references should not be related. Full Name _____ Full Name _____ Email _____ Email _____ Relationship _____ Relationship _____ Phone Phone Do you have a car and valid driving license? YES NO Languages spoken (other than English) or ASL skills When are you able to start volunteering?_____ I am over the age of 18: YES No one under age 18 is permitted to assist in an ongoing position, due to funder regulations, sorry. Volunteers of any age can assist with group projects, view our website for details. Need to fulfill community hours, if so how many, by what date and program? _____ I am a Community Action ☐ Former Employee ☐ Former Volunteer Please specify the Community Action department How did you find out about volunteering at Community Action? **FOR-CREDIT STUDENTS** School & Major Total Hours Required & Deadline for Completion _____ Name of Instructor Please attach course requirements (what is expected by the instructor). **EMERGENCY CONTACT:** (please print) Relationship _____ Full Name _____ Home/Work Phone ______ Cell Phone ____ Email All ongoing volunteers must have a background check completed before they can start to volunteer. We will complete the form during the informational meeting. **CERTIFICATION & SIGNATURE** I certify that all the information provided on this registration form (and attached resume) is true, correct & complete. I understand that any misrepresentation or omission may be grounds for discharge from volunteering whenever discovered. I will submit to a reference & background I am aware that all volunteer positions are unpaid. Registrant's Name (Please print): Registrant's Signature: Date: Check this box if you do not want to receive the Community Action agency e-newsletter.

Please mail/fax/scan this completed 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

ONGOING VOLUNTEER INTEREST FORM (Groups complete a different form.)

ON-GOING ASSIGNMENT AVAILABILITY How frequent? (weekly, monthly, or occasional) For how long? (# months, fall/spring semester, summer etc.) Classroom location preference (Head Start Center) NOTE: Snowbirds are welcome; just let your supervisor know when you will be gone. Specific Times (please check when you ARE available) Friday Monday Tuesday Wednesday Thursday Saturday Sunday Morning Afternoon Evening NOTE: Most positions are WEEKDAY DAYTIME but it is helpful to know when you are able to assist. Not all positions are available at all times (seasonal). Most can be done as an internship for credit. If you are interested in more than one position, please rank in order of #1, #2, #3, etc. **ONGOING POSITION - Indicate preference:**

| Auditor Assistant: Energy Conservation (8+ hours per week, one semester/summer minimum) |
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| Car Ownership Program Assistant (6+ hours per week, one semester/summer minimum) |
| Census Outreach Assistant (at least 4 two-hour shifts, weekday daytime during March-April 2020) |
| Center Administration: Head Start (4+ hours per week, weekday daytime, one semester minimum) |
| Classroom Grandparent (age 55+, 10-30 hours per week, weekday daytime, two semester min.) |
| Classroom Helper (10+ hrs total per semester weekday daytime) State location above |
| Classroom Literacy Tutor (18, 25 or 35 hours per week, daytime, one semester min.) |
| Community Assessment: Head Start (4+ hours per week, one semester/summer min) 2020 |
| Documents Clerk: Human Resources (4+ hours per week, one semester/summer minimum) |
| Facilities Maintenance Helper (2+ hours, 2+ times per month, 3 month minimum) |
| Family Advocate Assistant: Head Start (4+ hours per week, one semester minimum) 2020 |
| Housing Program Assistant (4+ hours per week, fall or spring semester only) |
| Income Tax Preparer VITA (Train in Dec or January, minimum of 20 hours during Feb-April) 2020 |
| Income Tax Site Manager (4+ hours per week January, 8+ hours per week Feb-April) 2020 |
| Intake & Resource Assistant - Tax (Train in Dec or January, 4+ hours per week Feb-April) 2020 |
| Marketing/Communications Assistant: Vol Dept (2+ hrs per wk, one sem/summer min) 2020 |
| Nutrition Program Assistant: Head Start (4+ hours per wk, one semester/summer min) 2020 |
| Office Helper: Energy Conservation (2+ hrs, 2+ times per month, 3+ months weekday daytime) |
| Office Helper: Head Start (2+ hrs, 2+ times per month, 3+ months weekday daytime) |
| AVAILABLE IN 2020 (Start in March or later) |
| Technology Innovation/IT: Support (4+ hours per week, one semester/summer min) 2020 |
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| OTHER POSITION and/or SKILLS (Ex. Fundraising Event Planner etc.) |