



## Volunteer Application

### Southeastern Minnesota Area Agency on Aging

Thank you for your interest in becoming a volunteer with SEMAAA. We look forward to meeting with you and learning about your volunteer goals!

#### Personal Information

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender (optional):      Male      Female      Ethnicity (optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Home Phone: \_\_\_\_\_ Business/Cell phone: \_\_\_\_\_

#### General Information

How did you hear about our volunteer opportunities? \_\_\_\_\_

Where else have you served as a volunteer? \_\_\_\_\_

\_\_\_\_\_

Please list relevant skills/experience/technology skills/interests and hobbies: \_\_\_\_\_

\_\_\_\_\_

Current employment: \_\_ Full-time \_\_ Part-time \_\_ Not employed \_\_ Retired

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Are you presently a student? \_\_ Full-time \_\_ Part-time \_\_ Not a student

Educational degrees, licenses and certifications: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Availability

Preferred days/hours to volunteer: \_\_\_\_\_

How many hours per month would you like to volunteer? \_\_\_\_\_

Would you prefer a fixed or flexible volunteer schedule? ☐ Fixed ☐ Flexible

Would you be willing to drive to a neighboring community? ☐ Yes ☐ No

Would you be willing to meet consumers in their homes? ☐ Yes ☐ No

**References: Please list ONE professional and TWO personal references (no family members) whom we may contact regarding your application. PLEASE WRITE CLEARLY.**

Name	E-mail Address	Telephone Number	Relationship to you	Years Known

I certify that all information I have provided in this application is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for volunteer opportunities, or (2) discharge me from a volunteer position.

I understand that all volunteer positions with the SEMAAA require personal and professional reference checks. I authorize any person, school, employer, and organization named in this application form to provide relevant information and opinion that may be useful to the agency in making a volunteer placement decision, and I release such person and organizations from any legal liability in making such statements.

I understand that acceptance as a SEMAAA volunteer and assignment to a volunteer position is based on assessment by agency staff and the availability of a suitable position for me. I also understand that submitting this application does not obligate me to volunteer with the Southeastern Minnesota Area Agency on Aging®, Inc.

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Signature

Date

The SEMAAA is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color religion, disability, sex, age, national origin or sexual orientation.

**Please return your completed application to:**

Southeastern Minnesota Area Agency on Aging®, Inc.

Attn: Annie Avery

2746 Superior Drive NW, Suite 300

Rochester, Minnesota 55901