

EMERGE Volunteer Application

EMERGE Community Development is an equal opportunity employer (EOE). We consider all applicants for positions without regard to race, color, creed, religion, national origin, gender, age, sexual orientation, marital status, status as to public assistance, disability, veteran status, or any other legally protected status.

Contact Information Name/Group Name: Address: Date of Birth / _ /_ City: State: ZIP: If group, Contact person: Home phone: Work phone: Cell phone: Email: Emergency Contact: Name: Phone: Relationship to you: Areas/Program of Interest 1. I am interested in volunteering in the following areas: Workforce/Employment Computers Re-entry/Vocational rehabilitation Dther (please specify): 2. Are you applying for a particular position? YES NO If so, name of position 3. How long would you like to volunteering on an ongoing basis
Address: Date of Birth/
City:State:ZIP:
If group, Contact person: Home phone: Cell phone: Email: Emergency Contact: Name: Relationship to you: Areas/Program of Interest 1. I am interested in volunteering in the following areas: Youth Office/Clerical Workforce/Employment Computers Financial Education Other (please specify): 2. Are you applying for a particular position? The phone: Email: Emai
Home phone:
Cell phone:Email: Emergency Contact: Name:Phone: Relationship to you: Areas/Program of Interest 1. I am interested in volunteering in the following areas: YouthOffice/Clericalmmigrant/Refugee Services Workforce/EmploymentComputersRe-entry/Vocational rehabilitation tinancial Education
Emergency Contact: Name:
Name: Phone: Phone: Phone: Relationship to you: Areas/Program of Interest 1. I am interested in volunteering in the following areas:
Areas/Program of Interest 1. I am interested in volunteering in the following areas: Youth Office/Clerical Workforce/Employment Financial Education Other (please specify): 2. Are you applying for a particular position? YES NO If so, name of position 3. How long would you like to volunteer?
Areas/Program of Interest 1. I am interested in volunteering in the following areas: Youth Office/Clerical Workforce/Employment Financial Education Other (please specify): 2. Are you applying for a particular position? YES NO If so, name of position 3. How long would you like to volunteer?
1. I am interested in volunteering in the following areas: Youth
Youth
Workforce/Employment Computers Re-entry/Vocational rehabilitation Other (please specify): 2. Are you applying for a particular position? YES NO If so, name of position. 3. How long would you like to volunteer?
Workforce/Employment Computers Re-entry/Vocational rehabilitation Other (please specify): 2. Are you applying for a particular position? YES NO If so, name of position. 3. How long would you like to volunteer?
Pinancial Education Other (please specify): 2. Are you applying for a particular position? YES NO If so, name of position 3. How long would you like to volunteer?
2. Are you applying for a particular position? YES NO If so, name of position. 3. How long would you like to volunteer?
2. Are you applying for a particular position? YES NO If so, name of position. 3. How long would you like to volunteer?
3. How long would you like to volunteer?
I am interested in volunteering on an ongoing basis
I am interested in volunteering one time or for one event
would like to organize a volunteer project
I work for a company which volunteers in the community
4. I prefer to volunteer during: MORNING AFTERNOON
5. I am interested in volunteering at the following location:
Brian Coyle Center EMERGE Camden Apartments
420 15th Ave S. 1101 West Broadway Ave N 4643 Lyndale Ave N Minneapolis, MN 55454 Minneapolis, MN 55411 Minneapolis, MN 55412

Employment/ Education
1. Are you currently employed? YES NO 2. If yes, employer name:
3. Are you a student? YES NO School: Major (if applicable):
4. Resume attached? YES NO 5. Are you currently under a service or Job counselor agreement? If yes, please explain:
6. Comments:
THIS SECTION IS OPTIONAL. The following information is confidential and for internal use only. This information will not affect the approval or denial of your application. Gender: Male Female Age: 11 - 15 16 - 17 18 - 64 55+
Ethnicity: African American/Black/African Caucasian/White American Indian Asian/Pacific Islander Hispanic/Chicano/Latino Somali Other (please specify):
Disabilities (if any): Mental Physical Please explain

Thank you! Please submit completed applications to volunteer@emerge-mn.org