



Dear Applicant,

Thank you for your interest in volunteering at Neighborhood HealthSource!

Enclosed, you will find a Volunteer Application and a list of Volunteer Opportunities. Please review the list of Volunteer Opportunities to identify a few positions that most interest you. Opportunities listed in bold type are roles that we would most like to fill. Please be aware that opportunities vary between our three clinics, and that most opportunities take place during the workday. Also be aware that, for most positions, we ask for a minimum time commitment of 3 hours per week for a minimum duration of 6 months.

To apply, send the completed Volunteer Application to the Volunteer Coordinator by email, mail or fax. The Volunteer Coordinator will contact applicants within two weeks of receipt of the Application with the next steps. Feel free to contact the Volunteer Coordinator if you have any questions or concerns.

Thanks,

Volunteer Coordinator
Neighborhood HealthSource
3300 Fremont Ave. N.
Minneapolis, MN 55412

P: (612) 287-2479

F: (612) 522-6627

volunteer@neighborhoodhealthsource.org



TEEN VOLUNTEER APPLICATION
TEEN VOLUNTEERS MUST BE BETWEEN THE AGES OF 14 - 17

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____
ADDRESS: _____ APARTMENT NUMBER: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ CELL PHONE: _____
E-MAIL ADDRESS: _____

EMERGENCY CONTACT #1	
NAME: _____	PHONE #1: _____
RELATIONSHIP TO APPLICANT: _____	PHONE #2: _____
EMERGENCY CONTACT #2	
NAME: _____	PHONE #1: _____
RELATIONSHIP TO APPLICANT: _____	PHONE #2: _____

EDUCATION

PLEASE CIRCLE THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED.

High School 1 2 3 4 GED
College 1 2 3 4

ARE YOU CURRENTLY A STUDENT (Circle One)? Yes No

IF YOU CIRCLED YES, PLEASE IDENTIFY YOUR SCHOOL.

NAME OF SCHOOL: _____ CITY: _____
DEGREE SOUGHT: _____

WORK EXPERIENCE

ARE YOU CURRENTLY EMPLOYED (Circle One)? Yes No

PLEASE INDICATE YOUR CURRENT – OR MOST RECENT – WORK EXPERIENCE.

EMPLOYER: _____ EMPLOYER'S PHONE NUMBER: _____
ADDRESS: _____ CITY: _____
JOB TITLE: _____
START DATE (Month/Day/Year): _____ END DATE (Month/Day/Year): _____

VOLUNTEER EXPERIENCE

PLEASE DESCRIBE YOUR PREVIOUS VOLUNTEER EXPERIENCES. _____

WHY WOULD YOU LIKE TO VOLUNTEER AT NEIGHBORHOOD HEALTHSOURCE? _____

HOW DID YOU LEARN ABOUT VOLUNTEERING AT NEIGHBORHOOD HEALTHSOURCE? _____

WHAT DO YOU HOPE TO GAIN BY VOLUNTEERING? _____

SKILLS

PLEASE PLACE A CHECK NEXT TO ALL OF THE FOLLOWING SKILLS THAT YOU POSSESS.

- Administrative Assisting
- Business Operations
- Community Outreach/Organizing
- Computer Skills (Basic)
 - Microsoft Excel or Access
 - Microsoft PowerPoint
- Customer Service
- Event Planning
- Fundraising
- Grant Writing
- Graphic Design
- Foreign Languages
 - Language: _____
 - Oral (Circle One): Basic Conversational Fluent
 - Written (Circle One): Basic Conversational Fluent
 - Language: _____
 - Oral (Circle One): Basic Conversational Fluent
 - Written (Circle One): Basic Conversational Fluent
- Marketing
- Medical Records (Indexing)
- Medicine
- Nursing
- Project Management
- Public Health
- Web Design
- Writing/Editing
- Other (Specify): _____

PLEASE REVIEW THE ATTACHED LIST OF VOLUNTEER OPPORTUNITIES AT NEIGHBORHOOD HEALTHSOURCE AND INDICATE THE POSITIONS THAT MOST INTEREST YOU. _____

ARE YOU WILLING TO BE CONTACTED OCCASIONALLY TO HELP WITH SPECIAL PROJECTS (Circle One)? Yes No

AVAILABILITY

PLEASE INDICATE YOUR AVAILABILITY. _____

PLEASE PLACE A CHECK MARK NEXT TO THE CLINIC SITES AT WHICH YOU ARE AVAILABLE TO VOLUNTEER.

- Central Clinic
2610 Central Ave. N.E.
Minneapolis, MN 55418

- Fremont Clinic
3300 Fremont Ave. N.
Minneapolis, MN 55412

- Sheridan Clinic
342 13th Ave. N.E.
Minneapolis, MN 55413

- Community Locations

REFERENCES

Select two references that are not family members or friends. Appropriate references include employers, teachers, and volunteer supervisors.

<p>REFERENCE #1 REFERENCE'S NAME: _____ TITLE (If Applicable): _____ ORGANIZATION (If Applicable): _____ DAY PHONE NUMBER: _____ E-MAIL ADDRESS: _____ RELATIONSHIP TO APPLICANT: _____</p> <p>REFERENCE #2 REFERENCE'S NAME: _____ TITLE (If Applicable): _____ ORGANIZATION (If Applicable): _____ DAY PHONE NUMBER: _____ E-MAIL ADDRESS: _____ RELATIONSHIP TO APPLICANT: _____</p>

I, _____, have given the preceding names as personal/professional references. I give permission for the release of reference information to Neighborhood HealthSource. I hereby release my personal/professional references, my former employers, and all institutions and organizations for which I have volunteered, or are currently volunteering for, from all liability for furnishing this information.

APPLICANT'S SIGNATURE DATE (Month/Day/Year)

PARENT/GUARDIAN'S SIGNATURE DATE (Month/Day/Year)

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION (Circle One)? Yes No

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE EXPLAIN. (Note: answering "Yes" does not automatically disqualify you from volunteering with Neighborhood HealthSource. The nature and date of the offense will be considered.) _____

SIGNATURE

I certify that all the information I provided in this application is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in this application or during the placement process may result in rejection of my application or—if I have been placed—immediate termination of volunteering.

APPLICANT'S SIGNATURE	DATE (Month/Day/Year)
PARENT/GUARDIAN'S SIGNATURE	DATE (Month/Day/Year)