



6100 Golden Valley Road, Golden Valley, MN 55422  
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[www.ldaminnesota.org](http://www.ldaminnesota.org)

## Volunteer Application

**Position Apply for:** \_\_\_\_\_

### Contact Information

**Name:** \_\_\_\_\_

First Last

**Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** Home: (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

### Employment

Current Employer Position Dates

### Education

**Name of School** **Location** **Major**

High School			
College/University			
Graduate School			
Other/Special Training			

### Check if true:

1. \_\_\_\_\_ I am volunteering through work.
2. \_\_\_\_\_ I am retired
3. \_\_\_\_\_ I will be documenting my volunteer hours for school.
4. \_\_\_\_\_ I am in a work study program
5. \_\_\_\_\_ I am a short term volunteer

**Please list any affiliations** (clubs, civil groups, associations, etc...)

\_\_\_\_\_

**Will you be receiving academic credit/community service for hours for your volunteer work?** \_\_ Yes \_\_ No

Please describe: \_\_\_\_\_

**How did you learn about the LDA Volunteer Program?**

<input type="checkbox"/> Newsletter	<input type="checkbox"/> LDA Web Site	<input type="checkbox"/> Flier
<input type="checkbox"/> Newspaper	<input type="checkbox"/> School/Job	<input type="checkbox"/> Other _____

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**Information for Volunteer Placement**

**Why are you interested in volunteering at LDA?**

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**Please list any skills, talents, interests and strengths that you think might help LDA accomplish its mission of serving people with learning disabilities or related learning difficulties?**

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**Please list any professional credentials related to LDA's work (i.e. Licensed teacher)** \_\_\_\_\_

**Please indicate your availability**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**References:**

1. \_\_\_\_\_  
 2. \_\_\_\_\_

**Phone Number**

- (\_\_\_\_) \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_

**Emergency Information**

\_\_\_\_\_  
 Contact Relationship Phone

Doctor's Name: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Please inform us of any food or drug allergies: \_\_\_\_\_

**Are you able to provide your own transportation? \_\_\_\_ Yes \_\_\_\_ No**  
**Has your driver's license ever been suspended or revoked in the last 5 years? \_\_\_\_ Yes \_\_\_\_ No**  
**Have you ever been convicted of a crime or use of illegal drugs? \_\_\_\_ Yes \_\_\_\_ No If so, when?**  
**Do you require any special accommodations in order to perform a volunteer job?**  
**Please list:** \_\_\_\_\_

My signature indicates that the information provided above is true, correct, and complete and that LDA has my approval to contact the references listed above. LDA reserves the right to run a criminal background check if applicable. I understand that any falsification, misrepresentation, or concealment of information on this application may be sufficient grounds for disqualification from further consideration for volunteering or immediate discharge and that the LDA shall not be liable in any respect if my volunteership is so denied or terminated.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Are you a minor under the age of 18?  Yes  No If Yes, what is your birth date? \_\_\_/\_\_\_/\_\_\_

The above applicant has my permission to volunteer under LDA and its services without my supervision. I understand and that LDA Minnesota is not responsible or liable for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I also agree to indemnify and hold harmless the Agency for all claims arising out of my participation in the Volunteer Activities. I acknowledge that the Agency has not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18).

**Parent/Guardian Signature (if under age 18)** \_\_\_\_\_

**Contact Phone/Email (required if under 18)** \_\_\_\_\_

Please return application either by mail, fax, or email to **ATTN: Marketing/Fundraising**