



Anna Marie's Alliance

Volunteer Application

Please print information and mail the application to
Volunteer Services, P.O. Box 367, St. Cloud, MN 56302,
Fax to (320) 253-5563,
Or email to Kims@annamaries.org

Office Use:	
Received:	_____
Interview:	_____
Background check:	_____
References:	_____
Confidentiality:	_____
Driver's License:	_____
Valid Insurance:	_____
LMS :	_____
Program Training:	_____
DB/File:	_____
Start Date:	_____

Full Name: _____

Current Mailing Address: _____

City: _____ State MN Zip Code: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Preferred email address: _____

Current employer: _____

CURRENT VOLUNTEER OPPORTUNITIES

Please place a ✓ next to the currently available position(s) in which you are interested:

Direct Services to Survivors of Domestic Abuse

_____ *After-Care Advocate* – women only; ages 21+; at least two years experience working with domestic abuse, mental health, chemical dependency, and/or social services required. Visit former shelter residents once a week to offer advocacy, information, and support.

_____ *Child Mentor* – women and men; ages 18+. Support our Children's Program staff by providing child care, after-school help, facilitating activities, one-on-one time with children ages 0-17 on-site.

_____ *Women's Program Support* – women and men; ages 18+. Monitor the front desk, direct phone calls and socialize with residents.

_____ *Interpreter*: Language _____

Shelter and Transitional House Support Services

_____ *Weekend Cooking Crew* – groups of 2-4; women, men, and supervised youth ages 13+. Prepare lunch or dinner at our shelter on a Saturday or Sunday. Groceries and kitchen provided on-site.

_____ *Facility Support* – organize donations, cleaning, laundry, transport donations.

_____ *Other* (please specify): _____

REQUIRED VOLUNTEERING

Anna Marie's does not accept any court-mandated volunteers.

Is your volunteer time a requirement for a class, church, or other community service? Yes ____ No ____

If yes, what is the volunteering for? _____

Instructor/Supervisor's name, title, contact information (required): _____

School/Institution: _____

How many hours are required? _____ Required completion date: _____

Are you interested in giving more hours than you are required to give? Yes ____ No ____

If yes, how many? _____

Is any evaluation of your work required? Yes ____ No ____

If yes, please explain and give date(s) required: _____

Please be aware that you will need to attend an interview, complete an online orientation, and submit to a background check. It may take up to six weeks to begin your volunteer opportunity.

EXPERIENCE, SKILLS, KNOWLEDGE, AND INTERESTS

Educational Background, including degrees earned:

Please place a ✓ next to the knowledge and skill areas below that apply.

Have you professionally worked with people experiencing:

_____ domestic abuse _____ homelessness _____ mental illness _____ chemical dependency

If yes, please describe the service: _____

Employment Background

Please list last two employers, beginning with current or most recent:

_____ Time period employed _____

_____ Time period employed _____

May we call your former employers for references? Yes ____ No ____

Community volunteer experience

1. Place: _____

How did you help? _____

2. Place: _____

How did you help? _____

Language Skills

Do you speak and read English? Yes _____ No _____

1. Do you speak or read a second language other than English? Yes _____ No _____

If so, specify language and fluency: _____

Would you be willing to translate? Yes _____ No _____

Are you a licensed translator? Yes _____ No _____

Other Skills

Other skills that you think might be helpful to Anna Marie's Alliance:

Driving Record/Information

1. Do you have a valid driver's license? Yes _____ No _____

2. Do you have valid car insurance? Yes _____ No _____

3. Have you had any traffic violations in the last three years? Yes _____ No _____

If yes, please specify: _____

References

Include at least one work reference. Do not include family members or roommates.

1. Name: _____ Phone: _____

Address/City/State/Zip: _____

Relationship: _____ How long has s/he known you? _____

2. Name: _____ Phone: _____

Address/City/State/Zip: _____

Relationship: _____ How long has s/he known you? _____

I authorize Anna Marie's Alliance to contact the above references. I certify that the above information is true and verifiable to the best of my knowledge. I also understand that all information contained within this application will remain confidential. I understand that as part of the screening process for my application to volunteer, I will be required to complete and submit an authorization for a criminal history background check.

Signature or typed name (e-signature): _____ Date: _____

General Information Questionnaire

1. Please list any training or experience you have had in Human Services and/or Crisis/Support Services.

2. Without compromising your privacy, briefly explain your interest in volunteering for Anna Marie's.

3. Briefly describe the problem of domestic abuse as you understand it (i.e. why abuse exists, clues or red flags that someone may be abusive or in an abusive relationship).

4. Briefly describe issues that may arise for children witnessing or experiencing domestic abuse.

5. What do you think will be the most difficult aspect of this volunteer work?

6. Please list specific days and times you are available to volunteer.

7. How long are you planning to commit to volunteering at Anna Marie's? Please note that most of our positions require a commitment of six months or longer. _____

Thank you!

**Volunteer Services
Anna Marie's Alliance
P.O. Box 367
St. Cloud, MN 56302
Phone: 320-251-7203 ext. 210
Fax: 320-253-5563**

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