



Amicus

Real change starts on the inside.

Volunteer Information

_____/_____/_____
First Name Middle Name Last Name Birth Date

Street Address (apt. # if applicable) City State Zip Code

(_____)_____
Phone Number E-mail Address

Are you employed? Name of Company Years employed

Work Address City State Zip Code

(_____)_____
Work Phone Number Work E-mail Address

(_____)_____
Mobile Phone Number

Okay to call you at work? Yes / No

Preferred Mailing Address: Home or Work?

Do you have a car? Yes / No

Have you been convicted of a felony? Yes / No If yes, please explain: _____
(To be considered, an ex-offender must be off paper for one year)

Please circle the following forms of ID you could present to the Department of Corrections:
Valid: Minnesota Driver's License Minnesota State ID Passport Military ID

Faith Affiliation, if any (i.e. church, mosque, synagogue, etc.):

Organizations, clubs, other activities:

Hobbies:

Volunteer Experience:

I am willing to volunteer in any of the following ways:

- o Amicus One to One (approximately 4-6 hours/month for 1 year)
- o Office Volunteer

I have the following questions about volunteering:

I learned of Amicus and this volunteer opportunity through:

The following people may be contacted for references:

Professional Reference

Name:

Relationship:

(e.g. Minister, Physician, Employer)

Email Address:

Daytime Phone #:

(____) _____

Personal Reference

Name:

Relationship:

(Not a family member)

Email Address:

Daytime Phone #:

(____) _____

Signature: _____

Date: _____

Please return the completed application to Amicus, Inc. 15 S 5th St Ste 1100, Minneapolis, MN 55402-1062 or email to staff@amicususa.org