

VOLUNTEER APPLICATION

Name _____ Over Age of 18 yes no

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home Email _____

Volunteer locations you prefer:

- | | |
|--|---|
| <input type="radio"/> PHASE – Sandstone | <input type="radio"/> PHASE – Recycling |
| <input type="radio"/> PHASE – Pine City | <input type="radio"/> PHASE – Heritage Home Creations (Pine City) |
| <input type="radio"/> Industries – Mora | <input type="radio"/> Heritage Thrift (Mora) |
| <input type="radio"/> Industries – Cambridge | <input type="radio"/> Heritage Barn Wood (Cambridge) |

Why would you like to be a volunteer? _____

(Due to public safety concerns we are not able to provide opportunities for court ordered volunteer work)

List previous volunteer experience _____

All Locations Listed Above

Time you prefer to volunteer: Morning Afternoon Weekends (Heritage Thrift only)

Hours of Operation:	Program locations	M – F 9:00 am – 3:00 pm
	Heritage Thrift	M – S 9:00 am – 5:00 pm

All volunteers agree to submit for a background check and training required by PHASE/Industries, Inc. A successful background check is required for all volunteers.

Applicant's Signature _____ Date _____

Mail to: PHASE Volunteer Program, PO Box 126, Sandstone, MN 55072
Fax to: 320-245-0431 Attn: Volunteer Program Coordinator
Email: recruitment@pinehab.org

Background Check Information Form

PHASE, Inc. is required to conduct a background study on all employees who will provide direct services to consumers. The information provided below will be used solely for this purpose. MN DHS and PHASE, Inc. requires that all required employees successfully pass, or have the ability to pass a background study. **PLEASE PRINT LEGIBLY.**

Name (First, Middle, Last): _____

Date of Birth: ____/____/____ State born in: ____ Gender Status: Male Female

Driver's License Number: _____

Expiration: _____ Eye Color _____ Hair Color _____ Height _____ Weight

Race: _____ White _____ African American _____ Native American _____ Asian
_____ Pacific Islander _____ Other

Social Security Number: _____/_____/_____

Phone: (_____) _____ - _____

Current Address: _____

Out state address (5 yr span): _____

Aliases used (if any): _____

For HR Use Only:

Date of Hire: _____

Date Study Conducted: _____

Date fingerprints due: _____

Date of Fingerprinting: _____