



St. Louis Park Emergency Program
Empowering Lives & Restoring Hope Since 1975
6812 West Lake St. St. Louis Park, MN 55426

STEP VOLUNTEER APPLICATION: PLEASE PRINT ALL INFORMATION.

Contact Information

Name: _____

Mailing Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Birth Date (month/day): _____

Any Health Concerns that STEP should be aware of: _____

Emergency Contact (Name, Relation to you and Phone Number) _____

Required Information

Why are you interested in volunteering at STEP? _____

Present or Previous Volunteer Experience: _____

Are you at least 18 years old? Yes___ No___

Can you make a 6 month commitment to volunteering at STEP? Yes___ No___

Have you ever been convicted of a misdemeanor or felony? Yes___ No___

If so, please explain: _____

References

Please list two persons not related to you who you have worked with or who know you well. References will be contacted via phone so please provide a day-time phone number.

Name: _____

Day Phone: _____

Relationship: _____

of Years Known: _____

Name: _____

Day Phone: _____

Relationship: _____

of Years Known: _____

FOR OFFICE USE ONLY:

Date Received: _____

Interview Scheduled: _____

Background Check (if needed): _____

Volunteer Assignment: _____

Reference #1 Checked: _____

Date Started: _____

Reference #2 Checked: _____

Entered into Database: _____

Volunteer Expectations & Confidentiality: _____

Date Ended: _____

3 Month Follow-up Scheduled: _____

Exit Interview: _____

Optional Information

How did you find out about STEP? _____

Faith or Community organizations you belong to: _____

Present or Previous Place of Employment: _____

Does your employer/corporation match fund for charitable organizations? _____

I am interested in volunteering at STEP in following area(s):

Food Shelf

- _____ Assisting clients with shopping for groceries
- _____ Sorting, Organizing & Stocking food
- _____ Pick-up/Delivery of food donations to STEP

Clothes Closet

- _____ Assisting clients with shopping for clothes
- _____ Sorting & Organizing clothing donations

Reception Desk/Office Assistance

- _____ Staffing STEP's front desk
- _____ Clerical (Filing, copying, etc.)
- _____ Mailings
- _____ Data Entry/Computer work

Transportation

- _____ Driving clients to/from medical appointments
- _____ Driving clients to/from STEP
- _____ Delivering food to clients

Special Programs

- _____ Back to School Program (August)
- _____ Holiday Program (November & December)
- _____ Empty Bowls (October—March)

Agency Governance

- _____ Board Member

Please list any other skills/talents that you would like to share with STEP:

I am available to volunteer during the following times:

	Mon	Tues	Wed	Thurs	Fri	OTHER:
8am to Noon						
Noon to 4pm						
5pm to 8pm						

I am available to volunteer:

_____ On a weekly basis _____ Every other week _____ Occasionally

Photo Release

I give permission to STEP to use photos/videos that may include me for publication or to be kept on file for future publications. I hereby agree to allow STEP to use my image for promotional purposes.

Statement of Understanding

I verify that the information on this application is true, complete and correct and I understand that if it is not it will result in disqualification from working as a STEP Volunteer. I authorize the above references to give STEP any pertinent information they may have regarding my qualification to volunteer with STEP. I agree to support STEP's mission of strengthening our community by responding to the basic emergency needs of individuals and families in St. Louis Park.

Signature: _____

Date: _____