



# Leisure Education for Exceptional People

## Volunteer Application

Greater Mankato Area  
United Way



Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Phone (h) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (other) \_\_\_\_\_

Emergency Contact (name/phone #) \_\_\_\_\_

### Education History

Education	School	Location	Major	Graduated
High School				
Vocational/Technical				
College				
Graduate School				

### Past Volunteer or Related Experience

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with adults with disabilities? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

### Licensures/Certifications

- CPR                       First Aid                       Lifesaving  
 WSI                       Other \_\_\_\_\_

**Specific Skills/Interests** (i.e., sign language, sport played or coached, etc.)

\_\_\_\_\_  
\_\_\_\_\_

### Photo Release

I give LEEP permission to use my picture in any media coverage of the agency. This may include LEEP's monthly newsletter, newspaper articles, Special Olympics publications, or television spots.                       yes                       no

Have you ever been convicted of a criminal offense?                       yes                       no

Have you ever been charged with neglect, abuse, or assault?                       yes                       no

Do you have any physical or medical limitations that should be taken into account in order for us to successfully place you into a volunteer position?                       yes                       no

Please indicate: \_\_\_\_\_

**References** (Please list two people we may call who are not related to you.)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

*The above information is true and correct to the best of my knowledge. I give my consent to LEEP to contact my references and to conduct any other necessary background checks.*

\_\_\_\_\_  
*Signature of Applicant*

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

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**This section to be completed by Students**

School currently attending \_\_\_\_\_  
Class/Department for which Service Learning is required \_\_\_\_\_  
Name of Class Instructor \_\_\_\_\_ Phone \_\_\_\_\_  
Number of hours needing to be completed \_\_\_\_\_  
When must these hours be completed by? \_\_\_\_\_  
Are you interested in volunteering at LEEP after you have completed your class requirements?     yes         no  
Please share any special needs or interests you have during your service learning experience at LEEP: \_\_\_\_\_  
\_\_\_\_\_

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*For Office/Staff Use Only*

Date application was received \_\_\_\_\_     by phone     in-person     by mail  
Date of Volunteer Orientation \_\_\_\_\_  
Date volunteer hours completed \_\_\_\_\_    Total # of hours completed \_\_\_\_\_  
Evaluation Completed:     yes     no        Time Card Completed:     yes     no  
Programs volunteered for \_\_\_\_\_  
  
Notes \_\_\_\_\_

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