

Tusen Tack/Braham Event Center

(320) 396-3177 email: info@brahamcenter.org



www.brahamcenter.org

Full Volunteer Application

All information in this document is confidential. Please print.

Today's date: _____

Name/Last _____ First _____ Middle _____

Birthdate (mm/dd/yyyy): _____ Gender: () Female () Male () I do not wish to provide

Ethnicity: () Hispanic () Not Hispanic () I do not wish to provide

Race: () American Indian or Alaska Native () Asian () Black or African American
() Native Hawaiian or other Pacific Islander () White () I do not wish to provide

Address _____ Apt# _____

City _____ State _____ Zip _____ County: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email address: _____

How do you prefer to be contacted: _____

Are there any physical conditions that would limit your ability to perform certain tasks or activities?

If yes, please be specific; if none, write none

PAST EMPLOYMENT: _____

PAST EXPERIENCE: _____

VOLUNTEERING INFORMATION:

Where did you learn about our volunteer opportunities: _____

What are your interests, skills, hobbies: _____

If you are currently volunteering for the organization, what year did you begin volunteering: _____

What areas in volunteering are you most interested in: (check all that apply to your interest)

Tusen Tack: () Sorting () Stocking Shelves () Pricing () Cashier () Cleaning () Warehouse

Braham Event Center: () Room Set up () Food Prep () Serve Food & Bussing Tables () Ticket Taking

() Cook () Greeters () Office () Cleaning () Distribution of flyers/posters

() Landscaping/facility maintenance () IT Help () Dishwashing () Food Shelf () Library

() Board/Committee Member

AVAILABILITY What is your availability for volunteering?

Days: () Monday () Tuesday () Wednesday () Thursday () Friday () Saturday () Sunday

Time: () Morning () Afternoon () Evening

Do you have other availability or unavailability we should be aware of for scheduling purposes?

When can you begin volunteering? _____

Volunteers will be asked to complete a Confidential Emergency Contact Sheet as well.

CRIMINAL HISTORY

Some volunteer positions may require a criminal background check (such as a cashier). If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form which you must complete and return to the appropriate Braham Event Center staff representative. Where background studies are required for volunteering, no assignment will be assigned until receipt of the completed background study and viewed as acceptable for the assignment.

I HAVE PROVIDED ACCURATE AND COMPLETE INFORMATION ABOVE.

SIGNATURE OF VOLUNTEER: _____ **DATE:** _____

•Are you younger than 18? _____ If you are younger than 18, your parent or legal guardian will need to consent to you volunteering and sign this form.

•Are you 15 or younger? _____ Volunteers 15 and younger are welcome to volunteer if accompanied by an adult.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Tusen Tack and/or the Braham Event Center. I also give Tusen Tack my consent to obtain any emergency medical treatment necessary for the safety of my child, if deemed necessary and I cannot be reached.

Signature of Parent/Guardian: _____ Date _____

Print name of Parent/Guardian: _____

Completed document to be retained at the Braham Event Center Office.

Tusen Tack and Braham Event Center is an equal opportunity provider and employer. This is a non-paid position.