

## **Prospective Volunteer Information**

NAME	DATE				
ADDRESS					
CITY	STATEZIP				
PHONE(h)	_(w)				
(C)	May we contact you at work? Yes	No			
E-MAIL (Personal)					
EMAIL (Business)					
BIRTHDAY Month Day	Do you drive? Yes	No			
	lunteer at Clare Housing?				
Please describe any special skills or interes	sts you have that you might bring to this volunteer experienc	e			

	d you like to vo	olunteer? Pleas	se indicate hou	rs per week / m	onth.		
ease indicate the area	a(s) in which y	ou would like	to serve as a vo	olunteer; approx	imate time is	indicated:	
Cook evenir	ng meal and	eat with resi	<b>dents</b> [2 – 3 h	ours per time]			
Resident Bu	<b>ddy</b> – play cri	ibbage, chat, o	ut for coffee or	a movie, etc. [2	2 – 3 hours p	er time]	
Professional	l <b>support</b> - sh	aring special sl	cills you may ha	ive such as mani	cures, massag	e, hairdressing,	etc. [I – 2 ho
Fundraising	events – serv	e on committe	ees and/or assis	st at events [3 ho	ours]		
Maintenance	e – Small repa	ir, painting, etc	. [2 – 3 hours]				
Lawn care -	gardening, mo	wing, snow re	moval [varied]				
lease indicate your	availability.						
ease indicate your	availability.	TUES	WED	THURS	FRI	SAT	SUN
	-	TUES	WED	THURS	FRI	SAT	SUN
MORNING	-	TUES	WED	THURS	FRI	SAT	SUN
MORNING AFTERNOON EVENING	-	TUES	WED	THURS	FRI	SAT	SUN
MORNING AFTERNOON	-	TUES	WED	THURS	FRI	SAT	SUN
MORNING AFTERNOON EVENING	MON				FRI	SAT	SUN
MORNING AFTERNOON EVENING	MON  nce for which					SAT  Dakland Ave S,	
MORNING AFTERNOON EVENING o you have a prefere	MON  nce for which  4447 Thire	House you wo		unteer with?	3109 (		Mpls

Each Volunteer will be asked to complete a volunteer interview and a confidentiality agreement as part of our required screening process.

## Please return to:

Debbie Wyman, Adm. Asst./Volunteer Coordinator Clare Housing 929 Central Avenue NE Minneapolis, MN 55413 612.236.9528 Direct Dial 612.236.9520 Fax debbie.wyman@clarehousing.org