



The Personal Finance Center

Promoting Financial Well Being
Building a Strong Community

VOLUNTEER APPLICATION

Please Print

Name: _____

Address: _____

Phone: H () _____ W () _____ C () _____ Fax () _____

E-Mail Address: _____ DOB: ____/____/____

Job Title (if employed): _____ Company Name: _____

Full Time: ____ Part Time: ____ Retired: ____ Other: ____

May we contact you at work? Yes ____ No ____

Would you like to receive the PFC monthly calendar? Yes ____ No ____

Provide specific professional skills (i.e. plumbing, accounting, computers, etc.)
Please specify: _____

Have you volunteered with Lutheran Social Services or Faith In The City before? Yes ____ No ____

If yes, where and when? _____ How did you hear about us: _____

What was your Volunteer Position? _____

Describe your previous volunteer experience, work experience, internships or field work:

Please attach resume or additional information if needed.

Please describe any special skills you would like to share (i.e. professional or technical expertise, languages spoken other than English, computer skills):

Why are you interested in volunteering with Faith In The City Personal Finance Center at this time?

Is there a person or group with whom you are particularly interested in working?

Please check all that apply.

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Teens | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Adults | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Males | <input type="checkbox"/> Females | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Other: _____ | | |

Are there any groups with which you would not feel comfortable working?

No Yes *Please Specify:* _____

Preferences in Volunteering

Opportunity descriptions are posted on the faithinthecity.org website

I am interested in volunteering in the following capacities: *please check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> IDA Financial Coach/Mentor* | <input type="checkbox"/> Tax Reviewer** |
| <input type="checkbox"/> IDA Financial Instructor* | <input type="checkbox"/> Tax Preparer** |
| <input type="checkbox"/> Forum/Group Discussion Facilitator | <input type="checkbox"/> Tax Screener/Site Assistant** |
| <input type="checkbox"/> Advisory Council/Speakers Bureau | <input type="checkbox"/> Tax Site Host/Greeter |
| <input type="checkbox"/> PFC Greeter/Advocate/Customer Service | <input type="checkbox"/> Workshop Instructor |

* Training provided by Lutheran Social Service Financial Counseling

** Training provided by AccountAbility MN

Availability

How many hours are you able to work per week? _____ Length of commitment: _____

Please indicate the times you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Emergency Contact

Name: _____

Address: _____

Phone: H () _____ W () _____ C () _____ Fax () _____

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure a volunteer placement. I also understand that this is not an application for paid employment.

Applicant's signature: _____ Date: _____

PLEASE RETURN THIS FORM VIA FAX OR MAIL TO THE ATTENTION OF: VOLUNTEER INTAKE. THANK YOU

FOR OFFICE USE ONLY; ACTION:
