



NORTH POINT
Health & Wellness Center, Inc.
Human Services Building



1315 PENN AVENUE NORTH * MINNEAPOLIS, MN 55411
(612) 348-4700 * (612) 348-4434 FAX

VOLUNTEER INTERN/COMMUNITY SERVICE EMPLOYMENT

DATE _____

PERSONAL INFORMATION

Name _____
LAST FIRST MI

Address _____
STREET CITY STATE ZIP

Current Employer/School _____

Home Telephone _____ Business Number _____

Emergency Contact _____ Contact Telephone _____

Why do you wish to volunteer? *(please explain)*

What knowledge/skills do you possess *(i.e., data entry)*

If referred by an agency, Name of Counselor _____

Agency _____ Telephone Number (_____) _____

How long are you likely to volunteer with us? _____

- 1-2 days 3-5 days 2-4 hours 4-8 hours

REFERENCES

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Position Interests _____

Goals _____

Education _____

Family Composition _____

Computer Experience _____

List language and hobbies which you would like to share _____

Available Start Date: _____

Our agency respects the right and confidentiality of our clients. It is important to honor and maintain a trusting relationship with our clients, partnerships and staff. You are granted the opportunity to share your talents and skills at your agency, provided that you assist in maintaining the relationship and not breaking confidentiality in any manner. If at anytime through your action or in-action that this relationship is broken, your assignment shall be terminated.

SIGNATURE _____