

Pathways

A Healing Center

Volunteer Support Staff Application

GENERAL INFORMATION

Name: _____ Date _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Day: _____ Phone Evening: _____

Email: _____ Cell: _____

How did you learn about Pathways?

REFERENCES

Please list three references:

Name	Relationship	Email

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone No.

Available Support Staff Positions

POSITIONS WITH SET SCHEDULES:

___ Front Desk Shifts: Please indicate your availability:

Monday – Friday 2:00- 5:00p 5:00-8p

Saturdays 9:30a-12: 30p 12:30-4:00p

POSITIONS WITH OPEN SCHEDULING ACCORDING TO YOUR NEEDS:

___ Library Work

___ Computer Data Entry

___ Gardening & Lawn Maintenance

___ Assist with Bulk Mailings

___ Special Projects

- I wish to contribute _____ hours per month.

- My preferred time to volunteer is: ___ *Morning* ___ *Afternoon* ___ *Evening*

What interests you most about volunteering at Pathways?

LANGUAGES

Do you speak any foreign languages?

_____ Speak Read Write Fluent

_____ Speak Read Write Fluent

Signature: _____ **Date:** _____

Please return this application to Pathways - Attention: Administrative Coordinator
3115 Hennepin Ave S, Minneapolis, MN 55408 or Fax 612-824-3841