

**PACER CENTER**  
**Puppet Program Volunteer Application**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Person to notify in emergency:**

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Current or most recent Employment**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Volunteer History: Start with most recent**

1. Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

2. Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**References:** List one professional reference (employer, co-worker, teacher, clergy) and one personal reference (excluding relatives). **Please print.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**I declare that the information on this form is true and correct to the best of my knowledge. I understand that providing this information does not guarantee my acceptance as a volunteer nor does it obligate me to accept a volunteer assignment. I understand that PACER Center may request a background check on me pursuant to the Minnesota Child Protection Background Check Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so.**

**I agree to comply with program volunteer policies and procedures.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete other side**

**How did you learn about our volunteer program?**

Pacesetter or e-news                       Internet site \_\_\_\_\_                       Newspaper  
 Staff or volunteer                      Other (please specify) \_\_\_\_\_

**Availability for Volunteering:**

<b>Commitment:</b>	<b>Availability</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<input type="checkbox"/> More than 6 months	Monday	_____	_____	_____
<input type="checkbox"/> Less than 6 months	Tuesday	_____	_____	_____
<input type="checkbox"/> Weekdays	Wednesday	_____	_____	_____
<input type="checkbox"/> Weekends	Thursday	_____	_____	_____
<input type="checkbox"/> Intermittent (Please explain) _____	Friday	_____	_____	_____
	Saturday	_____	_____	_____
	Sunday	_____	_____	_____

Will you be receiving academic credit for your volunteer work?     yes                       no

Do you have your own transportation?                       yes                       no

**Please tell us about yourself so we can best match your skills and expectations.**  
**What interests you in this volunteer position?**

**What talents, skills, hobbies or life experiences do you bring to your volunteering?**

**Anything else you would like us to know about you as a volunteer?**

**Please return this application to: [puppets@pacер.org](mailto:puppets@pacер.org), or mail to:**

**PACER Center Puppet Program**  
**PACER Center, 8161 Normandale Blvd., Minneapolis, MN 55437-1044**  
**952-838-9000 Voice, 952-838-0190 TTY, 952-838-0199 Fax**  
**Parents in Greater Minnesota may call toll-free 1-800-53-PACER (537-2237)**