

First Tee of St. Paul Highland Golf Course 1403 Montreal Ave St. Paul, MN 55116 651-695-3776, 612-834-0408	<i>Office Use Only</i> Volunteer ID#: _____ Dates attended: Intro: _____ Orien.: _____
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First, Middle & Last Name:	Preferred first name:
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Address:	City:	State:	Zip:
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Home phone:	Work/Cell phone:
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e-mail address:

Age: Are you 18 or older? ____ (your age if under 18: ____)	Vocation (optional):
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Positions interested in: Coaching Mentoring Photographer Marketing Database Website

Availability (Please circle the items that best describe your interest & availability) • Schedule: weekends / weekdays / holidays, morning / afternoon / evening • Hours: 4 hours per: week / month / 6 weeks / 12 weeks / year / other: _____ • Commitment: on-going (30 hours or more/year) / seasonal (15-30 hours per year) / one time project

How did you hear about our volunteer program?

Questionnaire

Please answer questions completely. This information helps staff evaluate your suitability for each volunteer position.

Why do you want to volunteer for the First Tee of St. Paul?

What are your strengths?

In what areas would you like to improve?
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Experience

Describe any experiences/employment/volunteer work/training that might relate to volunteer positions you are interested in. Include level of expertise, date of experience and reference name and phone number of organization where experience was obtained. (Examples: job, school, church, scouts, community involvement, etc.)	Reference name and phone number

Education

Last year of schooling completed: grade 8 9 10 11 12 college1 2 3 4 5+

Name of College(s) or other post secondary educational institutions:

Major:

Minor:

Degree(s) earned:

References

Please list two references (school, business, volunteer site, personal) other than relatives, whom we may contact regarding your application. A questionnaire may be sent to references included here.

Name:

Phone (day):

Address:

City:

State: Zip:

Name:

Phone (day):

Address:

City:

State: Zip:

Special Interests

- Teaching
- Public Speaking
- Naturalist
- Work with
 - children
 - people w/disabilities
 - seniors
 - Other _____

Certifications

Please include specific level of certification and date of expiration.

- R.I.D./sign language interpreter
- First Aid _____
- CPR _____
- Lifesaving _____
- Other _____

What other volunteer projects would you like to see developed?

*Have you ever been convicted for a violation of law other than a minor traffic ticket? (please circle) **Yes** **No***

If yes, give full details on a separate sheet of paper. (A record of conviction does not disqualify you from volunteer position consideration.)

I certify that the answers given herein are true and correct to the best of my knowledge. I hereby authorize the Park District to investigate all statements contained in this application and I release any party from any claims based upon their providing information to the The First Tee of St. Paul. I understand that false or misleading information given in my application or interview(s) may result in discharge.

Volunteer Signature:

Date:

In case of emergency please contact:

relationship:

Phone (day):

(eve./weekend):

Comments:

Please send volunteer information to:

Name:

Phone:

Address:

City:

State: Zip: