



For Office Use Only
Date Ref. sent _____

DARTS Volunteer Application

1645 Marthaler Lane
West St. Paul, Minnesota 55118
Phone 651-455-1560 - Visit our website at www.dartsconnects.org

First Name _____ Last Name _____

Street _____

City _____ County _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____

How do you prefer to be contacted? Home Phone Work Phone Cell Phone Email

How much time would you be willing to volunteer? _____

Preferred day(s) and times _____

Education, Training, and Skills _____

How did you learn about DARTS volunteer program? _____

Employment Experience

Employer (Current/Retired from) _____ Address _____

Position _____ Dates _____

Volunteer Experience

Agency Name _____ Address _____

Position _____ Dates _____

Additional Information

Do you have any other relevant experience that you would like us to know about?

Why do you wish to volunteer with DARTS? _____

Is there a specific program at DARTS for which you would like to volunteer?

References Please list the names, complete mailing addresses, and phone numbers or email of three people we may contact. References may be friends, neighbors or people who are familiar with your employment, volunteer or educational experiences.

1. Name _____ Phone _____
Address _____ City _____ State _____ ZIP _____
Email _____

2. Name _____ Phone _____
Address _____ City _____ State _____ ZIP _____
Email _____

3. Name _____ Phone _____
Address _____ City _____ State _____ ZIP _____
Email _____

I agree to the following:

All statements made on this application are true and complete to the best of my knowledge and belief. You have my permission to verify this information and contact references.

I will not hold DARTS and its staff liable while performing volunteer services. I agree to follow the DARTS volunteer policies presented through my orientation. I understand my continued status as a DARTS volunteer driving with a DARTS client is contingent upon successfully passing any future random driving record checks.

I grant permission for DARTS to take photographs and/or video of me during volunteer activities and for their use in DARTS promotions and presentations.

Signature _____ Date _____

Parent or Guardian signature (if applicant is under 18) _____

DARTS is an Equal Opportunity Employer. We consider all applicants for volunteer positions without regard to race, color, creed, religion, national origin, sex, age, marital status, sexual orientation, status with regard to public assistance, veteran status, membership or activity in a local commission, or disability.