

**Join the Journey
Volunteer Application**



Date: _____

Please print your information.

First Name:	Last Name:
Address:	City:
State:	Zip:
Home phone: Work phone:	Cell phone:
Home email:	Work email:

1. Employment History

Employer	Job Title	From	To	Reason for leaving

Current Employment Status: Full-Time Part-Time Student Retired Unemployed

2. Volunteer Experience

Organization	Your Role	From	To	Reason for leaving

3. Please Indicate Your Availability (example 12:30pm to 3:30pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

4. Please indicate the skills and experience you would bring to your volunteer role:

organizational skills teaching skills Microsoft Excel Microsoft Word website design social media
 board experience breast cancer survivor public speaking fundraising skills writing skills
 other: _____

5. What are your reasons for volunteering?

to support the cause to share my skills to stay active for social interaction for academic credit
 to learn new skills other: _____

6. What volunteer opportunity are you interested in? (If interested in multiple, prioritize using 1, 2, 3...)

Clerical ~Assisting in the office with day to day office duties during office hours to include: filing, mailings, writing thank you cards...
 Community Events ~Year-round community events: Assist with distributing JTJ information at events; set-up & take-down booth/table
 Speakers Bureau- Community outreach by speaking at local civic organizations about JTJ
 Annual Walk Event ~Once a year fundraising event that takes place on the third Sunday in September. Volunteer opportunities include: set-up, take-down, parking, decorating, motivation, food, registration, poster/brochure distribution, and more.....

- ___ **Social Media** ~Assist with quarterly newsletter, website blogging, Facebook updates
- ___ **Pink Ribbon Mentors**- Breast cancer survivors offering support and mentorship to others on their breast cancer journey
- ___ **Board of Directors**- Serve on a working governing board making policy decisions, fundraising, overseeing Executive Director
- ___ **Fundraising**-Serve on Fundraising committee assisting with all aspects of fundraising

7. How did you learn about Join the Journey?

8. Please briefly explain your interest in volunteering and how you hope to benefit from the volunteer experience.

9. Please list two references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity.

Name	Relationship	Email Address

I hereby authorize Join the Journey to contact the above name references to establish my suitability as a volunteer and I hereby release them and their Organization from all liability for any damage for issuing the same. I further authorize Join the Journey to maintain this information in their records and absolve them from liability. Disclaimer: It is the policy of the Organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the Organization. By signing this document, I agree I have watched the orientation video in its entirety. I acknowledge my electronic signature as typed below is the legally binding equivalent to my handwritten signature.

Signature of Applicant: _____ Date: _____

PLEASE RETURN YOUR COMPLETED APPLICATION:

Mail To: Join the Journey
 1530 Greenview Drive SW, Suite 212
 Rochester, MN 55902
 Fax To: Join the Journey Office at (507)-206-3212



Email To: info@jointhejourney.us

