



Karen Organization of Minnesota
2353 Rice Street, Suite 240
Roseville, MN 55113
Phone: 651-788-7593 FAX: 651-788-7909

Volunteer Application

**Required information. Please complete both front and back of this form.*

*Date applied.....

Personal Information

*First Name..... *Last Name

*Address.....City/State/Zip.....

*TelephoneEmail.....

*Preferred method of contact: Phone Email Mail

*Date of Birth.....

*How did you hear about volunteering with KOM? (check all that apply):

Friend or Family KOM Staff At an Event Social Media KOM Website

Online Search or Volunteer Posting Site From a School or Organization

Emergency Contact

In an emergency, notify:

*Name..... *Phone Number.....

*Relation to You.....

Skills and Experience

Education (circle highest level completed)

*Grades: 7-9 10-12 Technical/Vocational School College Graduate School

If you are in school, what school do you attend?

List previous volunteer experience.....

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***Languages: (include language name and level of proficiency in verbal and written communication)**

1

2

3

Volunteer Interests

Why do you want to volunteer at KOM?

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