

Volunteer Community Bias/Hate Incident Responder Application

Diversity Council, 1130 ½ 7th St. NW, Suite #204, Rochester, MN 55901

| Applicant Information | | | |
|--|--|-----------------------|------|
| Last Name | First Name | MI | Date |
| Address | | Apt # | |
| City | State | Zip | |
| Home Phone | Cell Phone | Work Phone (optional) | |
| Email | | | |
| Position Applied For | | Date Available | |
| Date of Birth | Have you ever been convicted of a felony? If yes, attach explanation. | | |
| Note: Convictions and pleas will not automatically disqualify you. Factors such as the nature and recency of the violation, as well as evidence of rehabilitation, will be considered. | | | |
| Education | | | |
| High School | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently enrolled | | |
| College | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently enrolled | | |
| Degree/Major/Relevant Classes | | | |
| Other | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently enrolled | | |
| Degree/Major/Relevant Classes | | | |
| References (Please provide three) | | | |
| 1. Full Name | | Relationship | |
| Organization | | Phone | |
| Email | | | |
| 2. Full Name | | Relationship | |
| Organization | | Phone | |
| Email | | | |
| 3. Full Name | | Relationship | |
| Organization | | Phone | |
| Email | | | |
| Employment History (begin with most recent) | | | |
| 1. Company | | Phone | |
| Address | | Job Title | |
| Responsibilities | | | |
| Start Date | End Date | Reason for Leaving | |



Tel. 507.282.9951
Fax. 507.282.9964

info@diversitycouncil.org
www.diversitycouncil.org

| | | | | | | |
|--|---|---|--|--|------|--|
| 2. Company | | Phone | | | | |
| Address | | Job Title | | | | |
| Responsibilities | | | | | | |
| Start Date | End Date | Reason for Leaving | | | | |
| 3. Company | | Phone | | | | |
| Address | | Job Title | | | | |
| Responsibilities | | | | | | |
| Start Date | End Date | Reason for Leaving | | | | |
| Volunteer Experience (begin with most recent) | | | | | | |
| 1. Organization | | Phone | | | | |
| Address | | | | | | |
| Responsibilities | | | | | | |
| Start Date | End Date | Reason for Leaving | | | | |
| 2. Organization | | Phone | | | | |
| Address | | | | | | |
| Responsibilities | | | | | | |
| Start Date | End Date | Reason for Leaving | | | | |
| 3. Organization | | Phone | | | | |
| Address | | | | | | |
| Responsibilities | | | | | | |
| Start Date | End Date | Reason for Leaving | | | | |
| Availability (if selected for interview) | | | | | | |
| Monday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | Tuesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | Wednesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | Thursday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | | |
| Authorization and Signature | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | |
| I authorize the investigation of all the information contained in this application. Any persons named are authorized to provide information regarding my employment, volunteer history, criminal background, character, and qualification, and they are hereby released from all liability for providing such information. | | | | | | |
| Signature | | | | | Date | |