**Volunteer Community Bias/Hate Incident Responder Application**

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

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| **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? ❑ Yes ❑ No ❑ Currently enrolled |
| College | Did you graduate? ❑ Yes ❑ No ❑ Currently enrolled |
| Degree/Major/Relevant Classes |
| Other | Did you graduate? ❑ Yes ❑ No ❑ 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 |

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| 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❑ Morning❑ Afternoon❑ Evening | Tuesday❑ Morning❑ Afternoon❑ Evening | Wednesday❑ Morning❑ Afternoon❑ Evening | Thursday❑ Morning❑ Afternoon❑ Evening | Friday❑ Morning❑ Afternoon❑ 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 |