



APPLICATION TO PROVIDE  
VOLUNTEER SERVICES

**Sheriff's Office**  
640 3rd Street SE, Milaca, MN 56353  
Ph: (320) 983-8250 Fax: (320) 983-8343

DATE RECEIVED

PLEASE DATE STAMP

**Complete all applicable areas. Do not mark your application "See Resume." Incomplete applications may be disqualified.**

Title of volunteer position for which you are applying	Date available to start
--	-------------------------

Last Name	First Name	Preferred Name (if applicable)	Middle Name
-----------	------------	--------------------------------	-------------

List all other names under which you have been employed or under which your educational records may be found:	Are you age 18 or older? Yes No
---	------------------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Residence Phone: ( )	Cellular Phone: ( )
----------------------	---------------------

E-Mail Address: \_\_\_\_\_

I authorize Mille Lacs County to contact me via e-mail and understand that I will be contacted by email at this address. \_\_\_\_\_ (Initial here)

Have you previously provided volunteer services to or been employed by Mille Lacs County?

Yes Date \_\_\_\_\_ Position \_\_\_\_\_

No

If volunteer position requires a valid driver's license, please provide driver's license number. *If this information is not provided for a position requiring a driver's license, your application will not be considered.*

\_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

**Education.** Did you graduate from high school or receive a G.E.D.? Yes No

School attended: \_\_\_\_\_ Address: \_\_\_\_\_

How many years of post secondary school have you completed?

Name and address of accredited post-secondary schools attended	Did you graduate?	Certificate/Degree Received	Major/Minor
	Yes No		
	Yes No		
	Yes No		

**Relevant Experience.** List all relevant volunteer services and employment experience. *List your present or most recent experience first.* Attach additional sheets if necessary.

Employer _____ Address _____ Phone# _____ Fax # _____ Your title _____ Supervisor _____ Number & type of positions you supervised, if applicable: _____ Principal Responsibilities: _____ % of Time: _____ _____ _____ _____ _____	Dates of Employment: From: _____ To: _____ Hours per week: _____ Last salary: _____ Reason for leaving or considering leaving: _____
---	--

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
 Your title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Number & type of positions you supervised, if applicable: \_\_\_\_\_

---

Principal Responsibilities: \_\_\_\_\_ % of Time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Employment:  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week: \_\_\_\_\_  
 Last salary: \_\_\_\_\_  
 Reason for leaving or considering leaving: \_\_\_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
 Your title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Number & type of positions you supervised, if applicable: \_\_\_\_\_

---

Principal Responsibilities: \_\_\_\_\_ % of Time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Employment:  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week: \_\_\_\_\_  
 Last salary: \_\_\_\_\_  
 Reason for leaving or considering leaving: \_\_\_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax # \_\_\_\_\_  
 Your title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Number & type of positions you supervised, if applicable: \_\_\_\_\_

---

Principal Responsibilities: \_\_\_\_\_ % of Time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates of Employment:  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Hours per week: \_\_\_\_\_  
 Last salary: \_\_\_\_\_  
 Reason for leaving or considering leaving: \_\_\_\_\_

**Licensure.** List relevant current licenses, registrations, or certificates.

<u>License/No.</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Describe any additional experience you've received, or skills and abilities you possess, that are relevant to the volunteer position for which you are applying.

If relevant to the volunteer position for which you are applying, list specific computer hardware and software experience:

**Criminal Background Information.**

Have you ever been convicted of, or plead guilty to, a misdemeanor, gross misdemeanor, or felony criminal offense?      Yes      No  
*A conviction does not necessarily disqualify an applicant from the volunteer position being applied for.*

If 'Yes', please explain the nature of the charge and the circumstances.

You may answer 'No' if the conviction or criminal records have been annulled or expunged. If 'Yes', give the date, city, state, and county where convicted:

**References.** These should be people in a position to discuss your qualifications for the position you seek. Include, whenever possible, managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The County reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to references listed below.

<u>Name</u>	<u>Present Address</u>	<u>Telephone</u>	<u>Position &amp; Relation to Your Work</u>

Do you have any special needs which may necessitate accommodation(s) in the application/interview process?      Yes      No

If yes, please describe accommodation(s) requested:

**Data Privacy Notice.**

The information requested on this volunteer services application is intended to be used by the County in determining suitability for the volunteer position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the County being unable or unwilling to offer a volunteer position to you. With respect to any special accommodation necessary for completing your application or the interview process, the County may be unable to provide the necessary accommodation if you do not provide this information. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**Certification, Acknowledgement, and Release.**

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for the volunteer position I am seeking.

In connection with this application I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organization, to release to the County and its agents any and all information regarding my job performance and fitness/qualifications to perform the volunteer position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the County will use this information to determine my fitness/qualifications for the volunteer position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Please print and sign application.  
Mail or drop off at:  
Mille Lacs County Sheriff's Office  
640 3rd Street SE  
Milaca, MN 56353*