

## FRASER, LTD VOLUNTEER OPPORTUNITIES

The volunteer opportunities available vary within each department and offer a wide range of responsibilities, tasks, time commitment, knowledge and skills. Your commitment to a volunteer job at Fraser, Ltd. assures a placement that will meet your needs as well as the agency's needs.

## Here are some of the ways in which you can help:

Check any that you may have an interest in.

Companion
Office/Clerical assistant
Maintenance assistant
Craft/games assistant for retired.
Provide group entertainment for a home (choir etc.)
Escort to church or church events
Special Olympics Chaperon
Assist with shopping
Fund Raiser
Develop monthly calendar of community events
Child Care Assistant
Teach educational classes: sign language, dancing, cooking, reading, crafts, voting, exercise
Other/share your talents!

\* Volunteer Coordinator at 232-3301.





## FRASER, LTD. VOLUNTEER APPLICATION

DATE:		_		
NAME:			PHONE:	
ADDRESS:				
CITY:	S7.	ГАТЕ:	Zip:	
Are you over age 18?				
SKILLS AND INTERE	ESTS			
Education Backgro	ound:			
Current Occupation	n:			
Hobbies, Interests,	Skills:			
Is there a person or group	p with whom you ar	re particularly in	terested in working? (Ch	eck all that apply)
Adults	Seniors	Males _	Females	Agency Staff
Children	No preference	eOther		
Are there any groups you	ı would not feel cor	nfortable workir	ng with?	
No Yes				
Evenings	you interested in vol Weekends	_ Week Days _		
Do you have access to an				
Yes No	•			
Are you applying for a v	-	ass requirement?		
Ves No If ve	J	•		



## IN THE EVENT OF AN EMERGENCY, WHOM DO YOU WISH US TO CONTACT: NAME \_\_\_\_\_ ADDRESS \_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ TELEPHONE # ( ) RELATIONSHIP \_\_\_\_ LIST THREE REFERENCES: 1. NAME \_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE HOW LONG HAVE YOU KNOWN THIS PERSON? 2. NAME RELATIONSHIP ADDRESS CITY STATE \_\_\_\_\_ HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_ 3. NAME RELATIONSHIP ADDRESS CITY STATE HOW LONG HAVE YOU KNOWN THIS PERSON? The North Dakota State Century Code requires the completion of a criminal offense conviction reporting form for any person who provides any direct care to people supported. In the event of a conviction for a criminal offense, Fraser, Ltd. will by law be required to report and validate this conviction with the State of North Dakota. I have not been convicted of a criminal offense.



I have been convicted of a criminal offense.

Type of Criminal Offense

Date of Conviction

<u>DRI</u>	VER HISTORY:						
1.	List if you have ever been cited for any of the following violations while operating either your own personal automobile or those of others:						
	KIND OF VIOLATIO	<u>DN</u>	# OF TIMES	<u>DATES</u>			
	Speeding						
	DUI						
	Reckless Driving						
	Other Moving Violation	ons					
	(Specify)						
2.	How many automobile accidents have been in during the last five years (regardless of fault operating an automobile?						
GIVE DATES AND EXPLANATION OF EACH:							
		_					
3.	Have you ever had your Driver's License suspended? Yes No						
	Date:	Reason:					
4.	Are you now required Yes No	-	ice with the State Highway Departmen	nt?			
5.	Do you have liability i	insurance on your perso	onal automobile? Yes No	_			
	* PLEASE NOTE:		nteer, Fraser, Ltd.'s insurance compar state you hold your driver's license.	ny may verify your			
falsi	fication or misrepresent	ation will be sufficient	information provided on this applicati grounds for my release from being a v of the aforementioned employers or r	olunteer at this			
SIGNATURE			DATI	 B			

DRIVER'S LICENSE #:

VOL. NO. 4 (03/07/11) The Council on Quality and Leadership PAGE 4 of 4