



**Background checks are required for volunteers  
who participate in specialized Areas of Service.**

**References**

Please list one personal and one professional reference.  
(Give full name, address, and daytime phone.) **Please print**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**Emergency Contact Information**

Please list one person to call in case of emergency.  
(Give full name, address, and daytime phone.) **Please print**

- 1. \_\_\_\_\_

The above information is correct to the best of my knowledge. I understand that this form is **confidential** and its contents will not be released, to anyone without my written consent, (exception, references will be made aware of your volunteer position application) I agree to notify White Bear Area Senior Program of any changes in the above information.

Signature	Date
Volunteer Coordinator signature	Date

Please list any additional skills, interests or comments you would like to share with us.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to: White Bear Area Senior Program  
2484 County Road F E  
White Bear Lake, MN 55110  
Or Fax to: 651-653-3127

Thank you for your interest in volunteering with the White Bear Area Senior Program. Our volunteer's passion, skills, experience and time are invaluable to the operation of all our programs. If you have further questions please call 651-653-3121.

**Mission Statement**

**The mission of the White Bear Area Senior Program is to provide information, activities, and services to enhance the lives of older adults. We strive to provide and create opportunities in a manner which affirms the dignity and self-worth of each individual.**