



2522 Marshall Street NE
 Minneapolis, Minnesota 55418-3329

(612) 465-8780
 (612) 465-8785 fax

www.mwmo.org

**MISSISSIPPI
 WATERSHED
 MANAGEMENT
 ORGANIZATION**

VOLUNTEER APPLICATION

We welcome you as an applicant for the Volunteer Program with the Middle Mississippi Watershed Management Organization (“MWMO”). Your application will be considered with others in competition for the position in which you are interested. All information contained in or connected with this application will be considered personal and confidential and will be used only in conjunction with your application. Please furnish us with complete information as outlined in this application.

MAIL TO: MWMO
 Volunteer Program Manager
 2522 Marshall Street NE
 Minneapolis, MN 55418-3329

OR EMAIL TO: contacts@mwmo.org

GENERAL INFORMATION									
LAST NAME:			FIRST NAME:				MIDDLE NAME:		
STREET ADDRESS:					CITY:			STATE:	ZIP CODE:
EMAIL:					PERSONAL PHONE:			BUSINESS PHONE:	
DATE OF APPLICATION:		DATE AVAILABLE:			DO YOU HAVE RELATIVES WORKING FOR THE MWMO? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, RELATIONSHIP:				
AVAILABILITY									
PLEASE INDICATE THE DAYS AND TIMES YOU ARE USUALLY AVAILABLE TO VOLUNTEER.									
	SUN	MON	TUE	WED	THU	FRI	SAT	WHY ARE YOU INTERESTED IN VOLUNTEERING WITH THE MWMO?	
MORNING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HELP AT THE MWMO GIVING TOURS, GREETING PEOPLE, ADMINISTRATION, ETC. <input type="checkbox"/> PROVIDE PHYSICAL LABOR FOR GARDENS, LANDSCAPING, ETC <input type="checkbox"/> OTHER, PLEASE SPECIFY:	
AFTERNOON:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EVENING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EXPERIENCE									
PLEASE LIST ANY WORK, EDUCATIONAL, OR VOLUNTEER EXPERIENCE YOU FEEL IS RELEVANT TO VOLUNTEER WORK YOU WOULD LIKE TO DO AT THE MWMO:									

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ADDITIONAL SKILLS OR EXPERIENCE

DO YOU HAVE AVERAGE TO EXCELLENT SKILLS IN ANY OF THESE AREAS? CHECK ALL THAT APPLY:

Skills: Clerical/Office Work Event Planning/Staffing Landscaping/Gardening
 Database Management Volunteer Management Outdoor Maintenance
 Mailing / Assembly Fundraising Carpentry
 Editing Technical Reports Customer Service Photography
 Communications Surveys Videotaping/Filming
 Marketing/Web Design Statistical Analysis

Languages: Arabic ASL French Oromo
 German Gujarati Hindi Vietnamese
 Mandarin Russian Somali Amharic
 Spanish Tamil Hmong Other: _____

REFERENCES

GIVE THE NAMES OF AT LEAST THREE PEOPLE OTHER THAN RELATIVES WHO CAN BE CONTACTED REGARDING YOUR QUALIFICATIONS, WORK HABITS AND CHARACTER.

NAME	PRESENT ADDRESS	TELEPHONE	RELATIONSHIP

CRIMINAL RECORD

BACKGROUND CHECKS

THE MWMO CONDUCTS CRIMINAL HISTORY BACKGROUND CHECKS ON ALL VOLUNTEERS.

CANDIDATES FOR POSITIONS WORKING WITH CHILDREN WILL NOT BE SELECTED IF THEY HAVE BEEN CONVICTED OF ANY CRIME LISTED IN THE CHILD PROTECTION WORKER ACT (MINNESOTA STATUTES 299C.61 & 62). GENERALLY THIS INCLUDES CHILD ABUSE CRIMES, MURDER, MANSLAUGHTER, FELONY LEVEL ASSAULT OR ANY CRIME COMMITTED AGAINST A MINOR, KIDNAPPING, ARSON, CRIMINAL SEXUAL CONDUCT, AND PROSTITUTION RELATED CRIMES.

BEFORE ANY APPLICANT IS REJECTED ON THE BASIS OF CRIMINAL CONVICTION, HE OR SHE WILL BE NOTIFIED IN WRITING AND WILL BE GIVEN ANY RIGHTS AFFORDED BY MINNESOTA STATUTES CHAPTER 364. THIS INCLUDES THE RIGHT TO SHOW EVIDENCE OF REHABILITATION.

TENNESSEEN WARNING/DATA PRACTICES NOTICE TO ALL APPLICANTS

THE MINNESOTA GOVERNMENT DATA PRACTICES ACT REQUIRES THAT YOU BE INFORMED OF THE PURPOSES AND INTENDED USES OF THE INFORMATION YOU PROVIDED TO THE MWMO DURING THE APPLICATION PROCESS. ANY INFORMATION ABOUT YOURSELF THAT YOU PROVIDE WILL BE USED TO IDENTIFY YOU AS AN APPLICANT AND TO ASSESS YOUR QUALIFICATIONS. IF YOU WISH TO BE CONSIDERED, YOU ARE REQUIRED TO PROVIDE THE INFORMATION REQUESTED IN THE APPLICATION. IF YOU REFUSE TO SUPPLY INFORMATION REQUESTED BY THE MWMO, IT MAY MEAN YOUR APPLICATION WILL NOT BE CONSIDERED.

YOU ARE HEREBY ADVISED THAT, UNDER MINNESOTA LAW, THE FOLLOWING INFORMATION GIVEN BY AN APPLICANT IS CONSIDERED TO BE PUBLIC: VETERAN STATUS, RELEVANT TEST SCORES, RANK ON OUR ELIGIBLE LIST; JOB HISTORY; EDUCATION AND TRAINING; WORK AVAILABILITY.

AS AN APPLICANT, YOUR NAME IS CONSIDERED PRIVATE UNTIL YOU ARE CERTIFIED AS ELIGIBLE FOR APPOINTMENT TO A POSITION OR WHEN APPLICANTS ARE CONSIDERED BY THE APPOINTING AUTHORITY TO BE FINALISTS FOR A POSITION WITH THE MWMO. "FINALIST" MEANS AN INDIVIDUAL WHO IS SELECTED TO BE INTERVIEWED BY THE APPOINTING AUTHORITY PRIOR TO SELECTION.

THE DATA CONCERNING YOU, WHICH IS PLACED IN YOUR APPLICATION FOLDER OR IN YOUR PERSONNEL FILE AND WHICH IS NOT LISTED AS PUBLIC, IS PRIVATE. THIS PRIVATE DATA WILL BE SHARED WITH YOU AND THOSE MEMBERS OF THE MWMO STAFF WHO NEED IT TO PROCESS THE APPLICATION, UPDATE YOUR PERSONNEL RECORD, EVALUATE YOUR WORK PERFORMANCE AND IF YOU ARE HANDICAPPED, PROVIDE THE

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NECESSARY ACCOMMODATIONS. IT MAY ALSO BE SHARED WITH THE FOLLOWING: PERSONS AUTHORIZED TO HAVE ACCESS TO THE INFORMATION UNDER STATE OR FEDERAL LAW; PERSONS AUTHORIZED BY COURT ORDER TO HAVE ACCESS TO THE INFORMATION; AND PERSONS TO WHOM YOU CONSENT IN WRITING TO HAVE ACCESS TO THE INFORMATION.

WITH THE EXCEPTION OF RACIAL AND ETHNIC DATA, THE DATA YOU GIVE US ABOUT YOURSELF IS NEEDED TO IDENTIFY YOU AND TO ASSIST DETERMINING YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING. FURNISHING RACIAL AND ETHNIC DATA ABOUT YOURSELF IS VOLUNTARY.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED, TO BE A CONTRACT FOR EMPLOYMENT. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, OR INTERVIEW(S), MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE MWMO.

I CERTIFY THAT ANSWERS HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I HAVE READ THE "NOTICE TO APPLICATION" REGARDING THE MINNESOTA DATA PRACTICES ACT (MN STATUTES 1301-1390), AND I UNDERSTAND MY RIGHTS AS A SUBJECT OF DATE.

CONSENT

AS AN APPLICANT FOR A POSITION WITH THE MWMO, I CONSENT TO THE MWMO CONDUCTING A CRIMINAL HISTORY BACKGROUND INVESTIGATION ON ME. I UNDERSTAND THAT THE INFORMATION I PROVIDE IS CLASSIFIED AS PRIVATE. I CONSENT TO THE RELEASE OF THE INFORMATION I AM PROVIDING IN THIS BACKGROUND INVESTIGATION FORM AND ANY OTHER INFORMATION OBTAINED AS A RESULT OF THIS BACKGROUND INVESTIGATION, AS IS NECESSARY AND APPROPRIATE, TO THE MWMO.

APPLICANT SIGNATURE: _____ DATE: _____

SIGNATURE

I UNDERSTAND THE MWMO HAS THE RIGHT TO VERIFY INFORMATION PROVIDED IN THE APPLICATION. IF THERE ARE ANY MISREPRESENTATIONS ON THIS APPLICATION OR MY RESUME OR MADE BY ME IN AN INTERVIEW, WHICH MAY BE DISCOVERED NOW OR ANY TIME IN THE FUTURE, I MAY BE DISCHARGED FOR CAUSE WITHOUT SEVERANCE PAY OF ANY KIND. FALSE INFORMATION OR MISREPRESENTATION MAY ALSO SUBJECT ME TO THE PENALTY PROVISIONS OF M.S. § 43A.39.

IN CONNECTION WITH THIS APPLICATION, I AUTHORIZE THE MWMO AND ANY AGENT ACTING ON ITS BEHALF TO CONDUCT ANY INQUIRY INTO ANY JOB-RELATED INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING, BUT NOT LIMITED TO, MY RECORDS MAINTAINED BY AN EDUCATIONAL INSTITUTION RELATING TO ACADEMIC PERFORMANCE (SUCH AS TRANSCRIPTS). MOREOVER, I HEREBY RELEASE THE MWMO AND ANY AGENT ACTING ON ITS BEHALF FROM ANY AND ALL LIABILITY BY REASON OF REQUESTING SUCH INFORMATION FROM ANY PERSON.

I DECLARE THAT ANY AND ALL STATEMENTS IN THIS APPLICATION OR INFORMATION PROVIDED ARE TRUE AND COMPLETE AND HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED HEREIN.

SIGNATURE: (DO **NOT** PRINT) _____ DATE: _____

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DEMOGRAPHICS

(voluntary)

To All Applicants:

The information requested below will be used for statistical purposes only. It will enable us to evaluate our recruitment process in light of federal and state equal opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provide this information.

Thanks for your help!

Date: _____

Gender: Male: Female: Age: _____

Ethnic Identification: White Black Asian Hispanic American Indian Other _____

Do you have a disability that substantially limits basic work activities? Yes No

Special Notice to Disabled Individuals:

If you are a disabled person, you are invited to volunteer information concerning any personal physical or mental disability and your suggestions on how we may accommodate you: _____

How did you learn about volunteer opportunities at the MWMO?

MWMO website

Social media

Event (Name: _____)

Friend, family, neighbor or acquaintance

College/Technical School (Name: _____)

High School (Name: _____)

Walk-in/lobby posting

MWMO Employee

Other (Be specific) _____