# ACCAP CHORES & MORE

# VOLUNTEER APPLICATION/COMMUNITY SERVICE

**HOURS:** Days and hours are flexible, on-call as needed, or arranged with client.

**QUALIFICATIONS:** Possess or express a positive willingness to perform any of the following chores: yard and garden maintenance, snow removal, shrub trimming, household cleaning, light maintenance, painting, minor repairs such as minor plumbing, minor electrical, carpentry, plastering, etc.

Ability to follow instructions, work independently, schedule own work, communicate well with senior citizens. Have independent transportation, some tools and equipment helpful, but not essential,

**DUTIES:** You will work as an independent worker for citizens over the age of 60 in Anoka County.

As an independent worker you will know that you are helping someone who needs your help. You will be asked to submit a work record for all work completed at the end of every project. This is necessary for Chores & More records.

The Chores & More Coordinator will screen your application, process a criminal background check, interview you, explain the procedures, and if everything is satisfactory, refer you to clients who need work done.

If you are interested, please complete the attached application which includes a skills inventory sheet and criminal background check (must be notarized). Thank you!

RETURN TO:

ACCAP Chores & More Program
1201 89th Avenue NE
Suite 3500
Blaine, MN 55434
763-783-4767 Fax: 763-783-4700
Email: choresandmore@accap.org

NAME:_____ EMAIL:_____

ADDRESS:_____ CITY:_____ ZIP:_____

HOME PHONE:_____ CELL PHONE:_____

**********

Please check the service categories in which you have experience and are willing to work:

HOME MAINTENANCE & REPAIR

Caulking and weather stripping ____
Painting – Interior ____
Painting – Exterior ____
Repair windows ____
Minor electrical ____
Appliance repair – electric ____
Appliance repair –gas ____
Cement repair ____
Reglaze windows ____
Faucet & toilet repairs ____
Minor carpentry ____

HOUSEHOLD CHORES

Change storm windows ____
Wash windows ____
Clean gutters (1 story only) ____
Moving heavy objects ____
Heavy cleaning ____

INDOOR HOUSEKEEPING

Vacuum ____
Clean floors ____
Dust ____
Laundry ____
Change bedding ____

LAWN WORK

Mow Lawns ____
Weeding ____
Rake Leaves ____
Tree & shrub trimming ____

GARDEN WORK

Planting ____
Tilling ____
Transplanting ____

SNOW REMOVAL

Shovel walks & drives ____
Operate snow blower ____
Remove snow from roof (1 story only) ____

INSTALLATION

Alarms ____
Locks ____
Handrails & grab bars ____

OTHER SKILLS (please list)

_____
_____

Do you have your own tools? – Please list:

_____

_____

_____

ACCAP is an Equal Opportunity Employer

Anoka County cities you are willing to work in? PLEASE CIRCLE ALL THAT APPLY

| | | | | | |
|---|---|---|---|---|---|
| Anoka | Andover | Bethel | Blaine | Burns/Nowthen | Centerville |
| Circle Pines | Col Hts/Hilltop | Columbus | Coon Rapids | East Bethel | Fridley |
| Ham Lake | Lexington | Lino Lakes | Linwood | Oak Grove | Ramsey |
| St. Francis | Spring Lake Pk | | **"All Anoka County Cities"** | | |

What times are you available to volunteer? _____

How did you learn of Chores & More? _____

Current employment information: _____

Do you give permission for Chores & More to do a background check? Y N

**REFERENCES:** List below persons 18 or older, not related to you, who have known you for at least one year. List a daytime phone number for each.

| Name | Address | Relationship | Phone |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I verify that the above information is true and grant you permission to contact the references listed above. I authorize those individuals to disclose information that they have concerning me.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____
(If under 18 years of age)

# General Informed Consent Form
Background Check Request

The organization below is asking you to provide personal data, which may include private information about yourself, including name, address, date of birth, and fingerprints. You are not required to provide personal data. However, if you do not provide the personal data requested, the organization and Minnesota Bureau of Criminal Apprehension (BCA) will not be able to process the background check. Failure to provide the data requested may result in a loss of employment/licensing/housing or other opportunity. The BCA requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the organization requesting the background check, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), the organization authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

☒ Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

*Please type or print your responses. All answers must be legible.* ***Fill in all fields. If the answer for a field is "no", "N/A" or "none", provide that response. If more space is needed for any item, attach a separate sheet.***

**Organization to Receive Records**

| |
|---|
| Organization Name:<br>Anoka County Community Action Program, Inc (Senior Programs) |
| Street Address:<br>1201 89th Ave NE, Suite 3500 |
| City, State, Zip Code:<br>Blaine, MN 55434 |
| Organization Account Number (if applicable):<br>7637676521 |

**Personal Data**

| |
|---|
| Last Name: |
| First Name: |
| Middle Name (if applicable): |
| Maiden, Alias or Former Name(s) (if applicable): |
| Date of Birth (format: MM/DD/YYYY): |

☒ **Check box: Predatory Offender Registry Authorization**

**(Contributor, please check this box if requesting a Predatory Offender Registry check.)**
By checking this box and signing this consent form, you are authorizing the BCA to check the Minnesota Predatory Offender Registry for records about you, including, but not limited to, information related to offenses which may have occurred when you were a juvenile.

**Please be advised**
Records obtained as a result of this check may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.

You may challenge the accuracy or completeness of any information contained in the records by using the procedures set forth in Minnesota Statutes, §13.04 or Title 28 Code of Federal Regulations, §16.34.

**Criminal History Check Authorization**
I authorize the BCA to disclose all Minnesota criminal history record information to the organization listed on this consent form.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

**Applicant Signature:** _____ **Date:** _____
**Must** be live/wet signature

**Notary:**

Signed or attested to before me this _____ day of _____, 20_____ by:
_____
Name of Applicant

_____
Signature of Notary Public (Affix seal here)