

SONIC VOLUNTEER FORM

Please complete the form below



Stream of Nations
Intercultural Center

SONIC

926 13th Avenue South, Minneapolis, MN
55404

PLEASE FILL FORM OUT CAREFULLY

Write Your Personal Information :

FULL NAME : _____

ADDRESS : _____

E-MAIL ADDRESS : _____

PHONE NUMBER : _____

STATUS : Single Married Divorced

GENDER : Male Female

AREA OF SERVICE & AVAILABILITY

ENGLISH AS SECOND LANGUAGE (ESL)

IMMIGRATION SERVICES

INTERNET/COMPUTER TRAINING

TUTORING

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

ATTENTION

THE FEDERAL GOVERNMENT REQUIRES A BACKGROUND CHECK FOR ANY STAFF OR VOLUNTEER IN A PUBLIC PLACE WHERE ADULTS AND CHILDREN GATHER

SIGN: _____

I HAVE AGREED FOR SONIC TO RUN MY BACKGROUND CHECK: YES NO

DATE: _____