



**Resilient Living Council**



2331 Dancing Wind Rd SW, Pine River, MN 56474 - Phone: 218-587-5001 - Fax: 218-587-5002 - www.hugllc.com

**VOLUNTEER APPLICATION**

Please complete this application form as thoroughly as possible. **Do not mark your application "see resume."**

**Position Applied For/Area of Interest:** \_\_\_\_\_

**How did you learn of this position:** \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of Hunt Utilities Group, LLC to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital/familial status, status with regard to public assistance, disability, sexual orientation, or age.

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_  
*First Last MI*

**Address:** \_\_\_\_\_  
*Street Address City State ZIP*

\_\_\_\_\_  
*Country*

**Telephone # :** \_\_\_\_\_ **Additional Telephone #:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

Are you either a U.S. Citizen or legally eligible to volunteer in the U.S.? Yes No

Are you eighteen years of age or older? Yes No If under 18, state date of birth: \_\_\_\_\_

List all other name(s) under which your employment or educational records can be found:

**PROFESSIONAL & EDUCATIONAL INFORMATION**

Please check highest level completed:  High School  Some college  Bachelor's Degree  Master's  PhD

School/College/University (Name & Location)	Major/minor or study area

**EMPLOYMENT HISTORY**

*Please provide your 2 most recent employment experiences. List your present or most recent experience first.*

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summary of Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Summary of Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE**

Name of Organization	Type of Work	Dates	Hrs per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES**

Name: \_\_\_\_\_ Company/School: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Why are you interested in this position? (Attach additional sheets, if desired) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your education, training, and other experiences related to the position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you anticipate this opportunity will benefit you and/or enhance your learning experiences?

\_\_\_\_\_  
\_\_\_\_\_

Please read before signing:

I understand that the information on this Application has been requested for the purpose of evaluating my qualifications for volunteer service. I authorize **Hunt Utilities Group, LLC** to verify the information contained in my application and information I provided in any interviews and correspondence with HUG. I understand that misrepresentation or omission of information in connection with my application, resume, and/or interview may result in rejection of my application or dismissal whenever discovered.

As a volunteer of HUG, I agree to abide by the policies & procedures of the organization. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

I understand due to the nature of the HUG Campus that I must agree to and successfully pass a comprehensive background check for which a separate authorization/signature will be required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_