

CAFESJIAN'S CAROUSEL VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Daytime (____) _____ Age group: _____ 16-25 _____ 26-40 _____ 41-55
Evening (____) _____ _____ 56-65 _____ 66 and over
E-mail _____

Experience

Briefly describe your special interests and skills used during your paid and volunteer experiences:

Employment: _____ currently employed _____ full time _____ part time _____ retired

Your interests in volunteering

Why do you want to volunteer at Cafesjian's Carousel? _____

Check which areas you are interested in working: _____ Ticket Sales _____ Gift Booth _____ Ride

Days available to volunteer (please number according to preference):

1st shift _____ M _____ T _____ W _____ Th _____ Fri _____ Sat _____ Sun
2nd shift _____ M _____ T _____ W _____ Th _____ Fri _____ Sat _____ Sun

Shifts are: 10:30 - 1:30 and 1:15 - 4:15 June, July, August (Weekdays)
10:30 - 2:30 and 2:00 - 6:15 June, July, August (Weekends)
10:30 - 1:30 and 1:15 - 4:15 May, Sept, Oct
(Would you be interested in working the whole day? If so, please check both 1st and 2nd shifts)

Personal

Physical restrictions or medical conditions that we should be aware of:

_____ no heavy lifting _____ limited bending/reaching _____ limited standing
_____ unable to tolerate circular motion _____ allergies _____
Other (please explain) _____

Local person to notify in case of an emergency:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: daytime (____) _____ evening (____) _____

From where/whom did you hear about our need for volunteers?

_____ Newspaper _____ While visiting Cafesjian's Carousel _____ Friend/Neighbor _____ A current volunteer
_____ Other (please explain): _____

Please return this form to: Cafesjian's Carousel, Volunteers
1245 Midway Parkway
St. Paul, MN 55103

Phone at Carousel:
651-489-4628