



Minnesota Alliance on Crime Volunteer/Intern Application

Date_____

Name_____

Residence

Address_____

Phone_____ Email_____

Employer/School (If applicable)

Name_____

Your Title_____

Address_____

Phone_____ Email_____

Type of business or organization_____

Primary services and area/population served_____

Preferred method of contact () Work () Residence

How many hours a week are you available to volunteer?_____

What days/hours are you available?

Please list current or past volunteer experience (non-profit, civic, community, fraternal, political, professional, recreational)

Organization

Role

Dates of Service

Skills, experience, and areas interests (Please circle all that apply)

___Administrative/Clerical

___Training

___Grant Writing

___Fundraising

___Public Relations/Communications

___Outreach/Advocacy

___Community Engagement

___Other _____

___Special Event Planning

Please tell us anything else you would like to share.

Thank you for your interest!

Please return this application to:
Bobbi Holtberg, Executive Director
155 South Wabasha Street, Suite 104
St. Paul, MN 55107
bobbi@mnallianceoncrime.org
612.940.8090/800.940.8090