



CITY OF DULUTH

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the City of Duluth. Please fill out the application and return to Cheryl Skafte at cskafte@duluthmn.gov or by mail at 411 W 1st Street, Duluth, MN 55802.

Title of Volunteer Opportunity <i>If not applying for a specific volunteer position, please leave blank.</i>		R²ED Team – Duluth Invaders	
First Name		Last Name	
Primary Phone		Email	
Street Address		City, State Zip	

Email Address:

Are you 18 years old or older?	YES NO
<i>Fill out this section only if applicant is under 18 years old. Please note if you are 15 years old or younger, you will need to volunteer with an adult.</i>	Parent/Guardian Name
	Parent/Guardian Primary Phone
	Parent/Guardian Signature

VOLUNTEER INTERESTS: Which R²ED Team activities are you interested in pursuing? Check all that apply.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Community Education/Outreach
<input type="checkbox"/> Invasive Species Removal
<input type="checkbox"/> Restoration | <input type="checkbox"/> Tracking and Mapping
<input type="checkbox"/> Early Detection
<input type="checkbox"/> Special Projects |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

Why are you interested in volunteering as a R²ED Team member?

List any skills, training or experience you would bring to this volunteer opportunity?

R²ED Team members are asked to serve 3-5 hours a month. Are you able to make this commitment?



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R²ED Team members are asked to attend a 1-3-hour training on invasive species identification, removal, treatment and disposal. Are you willing to attend this training?

- | | | |
|--------------------------------------------------------------------------|------------------------------|-----------------------------|
| Have you ever been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you be willing to consent to a background check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you provide your own transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you volunteered with the Duluth Invaders effort in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there anything else you want us to know?

I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I agree and understand that any misstatements or material omissions on the application will result in my being eliminated from further consideration. I understand that, if accepted, any misrepresentation or material omission which becomes known to the City of Duluth may result in my immediate dismissal.

Signature (Please type name is submitting electronically)

Date

