



**Volunteer Experience** \_\_\_\_\_

**I am willing to volunteer in any of the following ways:**

**One to One mentoring for individuals that have been released from jail/prison or who are living in the community (approximately 4-6 visits per month for 1 year)**

**One to One mentoring while incarcerated (approximately 2-4 visits per month for 1 year)**

**Transitional Coordinator Volunteer (assist ex-offenders with resources and referrals)**

**I have the following questions about volunteering:**

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

**The following people may be contacted for references:**

**Professional References**

**Personal References**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Phone Number**

**I have carefully reviewed all training materials and mentor guidelines: I am interested in becoming a volunteer/mentor**

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

**Please return the completed application to CMNRP at PO Box 6064, St. Cloud, MN 56302**