

Hobbies: _____

Volunteer Experience: _____

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

- Returnee Mentoring (approximately 6-8 hours per month for 1 year)
- One on One mentoring while incarcerated (approximately 4-6 hours 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

(____) _____
Day Time Phone # (not required)

(____) _____
Home Phone #

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 430, St. Cloud, MN 56302