



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:

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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