



1605 Eustis Street
 Saint Paul, MN 55108
 volunteer@chlss.org | chlss.org

Volunteer Information Form

This form will be utilized to share relevant volunteer opportunities. Thank you!

Please email the completed form to volunteer@chlss.org
 Mail: CH/LSS, Attn: Volunteers, 1605 Eustis St., St. Paul, MN 55108

Legal Name (first last): _____

Preferred Name: _____

Pronouns (she/her): _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone #: _____ Email: _____

Emergency Contact Name (first last): _____

Relationship: _____ Phone: _____

Do you have any specific program or volunteer position of interest? _____

Please share any personal connection to adoption (check all that apply):

Adoptee Birth Parent Adoptive Parent Adoption Professional

Other: _____

Please indicate your availability to volunteer:

Mornings Afternoons Evenings Weekdays Weekends

Volunteer Skill & Interest Survey

There are so many ways to help our work! Please indicate the area(s) in which you feel you have skills & experience you may be willing to share.

<i>Check All That Apply</i>	Have Skill	Volunteer Interest
Balloon-Making		
Data Entry		
Educating/Teaching/Training*		
Events		
Experience Working with Kids		
Face-Painting		
First Aid Training/Certification		
General Office Skills		
Hosting Donation Drive(s)		
Kid's Arts & Crafts		
Mentorship		
Organizing/Sorting		
Photography		
Support Group Facilitation		
Translation**		
Videography/Digital Creation		
Writing		

*Any specific topics you'd be interested in educating/teaching/training? _____

**What language do you speak, other than English? _____

Any other skills you'd like to share? _____

Any specific volunteer interests (ie: working with kids, events, etc.): _____

Thank You for your interest! We will be in touch as opportunities arise.