



Hemophilia Foundation of Minnesota/Dakotas Volunteer Form

Volunteers are an integral part of our goal to provide a safe, fun, and engaging event experience to members of the bleeding disorder community. We thank you for your interest in volunteering with us!

In order to volunteer for this event, please provide the following information:

Applicant Information:

Full Legal Name (First, Middle, Last):

Date of Birth:

Prior Name/Alias/AKA (if applicable):

Contact Information:

Phone Number:

Email Address:

Home Address:

City:

State:

Zip:

Emergency Contact Name/Relationship:

Phone Number:

Background Check:

I understand that in order to volunteer for an overnight event, I must successfully pass a criminal background check. By checking yes, I consent to HFMD completing my background check.

YES NO

Upon review of volunteer form, HFMD will initiate the background check. You will receive an email invitation (*at the email address you listed on this form*) with the next steps for submitting the background check.

Any questions regarding the status of your application or information about the background check, please contact HFMD at: info@hfmd.org or 651-406-8655.

Applicant Signature:

Date of Application:

Please send completed application to info@hfmd.org