

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

Please check the service categories in which you have experience and are willing to work:

HOME MAINTENANCE & REPAIR _____ GROCERY SHOPPING _____

Caulking and weather stripping _____

Painting – Interior _____

Painting – Exterior _____

Repair windows _____

Minor electrical _____

Appliance repair – electric _____

Appliance repair –gas _____

Cement repair _____

Reglaze windows _____

Faucet & toilet repairs _____

Minor carpentry _____

LAWN WORK _____

Mow Lawns _____

Weeding _____

Rake Leaves _____

Tree & shrub trimming _____

GARDEN WORK _____

Planting _____

Tilling _____

Transplanting _____

HOUSEHOLD CHORES _____

Change storm windows _____

Wash windows _____

Clean gutters (1 story only) _____

Moving heavy objects _____

Heavy cleaning _____

SNOW REMOVAL _____

Shovel walks & drives _____

Operate snow blower _____

Remove snow from roof (1 story only) _____

INDOOR HOUSEKEEPING _____

Vacuum _____

Clean floors _____

Dust _____

Laundry _____

Change bedding _____

INSTALLATION _____

Alarms _____

Locks _____

Handrails & grab bars _____

OTHER SKILLS (please list) _____

Do you have your own tools? – Please list:

Anoka County cities you are willing to work in? PLEASE CHECK ALL THAT APPLY

Anoka	Andover	Bethel	Blaine	Burns/Nowthen	Centerville
Circle Pines	Col Hts/Hilltop	Columbus	Coon Rapids	East Bethel	Fridley
Ham Lake	Lexington	Lino Lakes	Linwood	Oak Grove	Ramsey
St. Francis	Spring Lake Pk	"All Anoka County Cities"			

What times are you available to volunteer? _____

How did you learn of Chores & More? _____

Current employment information: _____

Do you give permission for Chores & More to do a background check? Y N

REFERENCES: List below persons 18 or older, not related to you, who have known you for at least one year. List a daytime phone number for each.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I verify that the above information is true and grant you permission to contact the references listed above. I authorize those individuals to disclose information that they have concerning me.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____
(If under 18 years of age)



ACCAP CHORES & MORE NON-PROFIT BACKGROUND CHECK

Account #7637676521

The following named individual has made application with the agency for:

Independent Contracting with ACCAP Chores & More

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (full, please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth (Month/Day/Year):_ _____

Sex (M or F): _____

Social Security Number (Optional):

Do Not Sign until in the presence of a Notary Public

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The Anoka County Community Action Program, Inc. for the purpose of contracting to do chores with vulnerable adults with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant _____ Date _____

STATE OF MINNESOTA)
)ss.
COUNTY OF ANOKA)

Subscribed and sworn to (or affirmed) before me this ____ day of _____, 202____, by
_____.

Notary Public