



Volunteer Application

P.O. Box 7509 Minneapolis, MN 55407

Fax: 612-588-4680

Phone: 612-276-1579

Apply online at metropaintathon.org

Volunteer Type

- Group
 Individual

Name _____

Email _____ Phone _____

Organization (if applicable) _____

Address _____ City _____ State & Zip _____

Geographic Preference: Check all that apply or No Preference _____

Anoka ___ Carver ___ Dakota ___ Hennepin ___ Ramsey ___ Scott ___ Washington ___

St. Paul: North ___ Central ___ South ___ Suburb ___ Other _____

Minneapolis: North ___ Central ___ South ___ Suburb ___ Other _____

Home Size Preference

1 Story ___ 1.5 Story ___ 2 Story ___ No Preference ___ Other _____

Group Details (if applicable)

Size of Group: Adults ___ Youth ___ Total ___ (approx.)

Is your team willing to partner with another team? Yes ___ No ___ Unsure ___

Is your team capable of minor repairs? Yes ___ No ___ Unsure ___

How would you categorize your experience level?

Novice ___ Some Experience ___ Experienced ___ Expert _____

Is there a specific home you'd like to paint through our program? Yes ___ No ___

If yes: Homeowner's Name _____ Phone _____

Homeowner Applications available at www.metropaintathon.com or call 612-276-1579

Any questions/comments?