

Educational Level/Work Experience

Please circle highest level completed: High School GED College Post Graduate

Work Experience:

Volunteer Experience:

Languages you speak other than English, if any: _____

Availability

_____ Entire school year -or- Months (Circle): Oct. Nov. Dec. Jan. Feb. March April May

Preferred time of day: _____ Morning _____ Afternoon Preferred days of week: M T W TH F

How many hours per week would you like to volunteer? _____ (Minimum of 2 hours per week suggested)

Special Accommodations

Please list any special accommodations you would like us to be aware of:

We cannot guaranty that we will be able to provide all accommodations requested.

Emergency Contact

Person to notify in an emergency: _____ Phone: _____

References

Please list two references (someone unrelated who knows you well, such as an employer, pastor, or teacher)

Names:

Day Phone :

1 _____

2 _____

Volunteer's personal information not classified as public data is strictly confidential and will be used only to process the volunteer's placement. The data collected on this form is used to determine an appropriate volunteer placement. You may refuse to provide the data but, if you do, you may not serve as a volunteer working with students in the Minneapolis Public Schools.

Criminal History

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No. If yes, please explain.

I understand that the Minneapolis Public School District is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, disability or age in its programs and activities.

I understand that submitting this information does not guarantee my acceptance into the Volunteer Program, and that assignment of volunteer work is based on the assessment made by the Volunteer MPS Staff.

I understand that if I have misrepresented the information and/or fail to adhere to program guidelines, I may have my application approval withdrawn. I understand the District may request a background check on me pursuant to the Minnesota Child Protection Background Check Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so. I have read and understand the appropriate Volunteer Job Description, Sexual Harassment Policy, and other information provided.

I understand that by signing this I acknowledge that I have read and that I understand the foregoing information provided to me regarding the private nature of student educational data. I agree to treat the data as private and I will not disclose it to anyone other than the student's teacher. If I have any questions, I will contact the teacher or Volunteer Program Coordinator.

I understand the district policies and procedures for volunteers and I agree to hold harmless the Minneapolis Public Schools for any actions taken by me.

Signature: _____ **Date:** _____

Please bring completed application to your orientation session or site volunteer coordinator.

OFFICE USE ONLY **Attn: Volunteer Liaison/Coordinator:**

Start Date: _____

____ Adult 55+ (Fax copy to 83945)

____ ABE Candidate (email: ellen.lipschultz@mpls.k12.mn.us)

____ Ref. Check Complete

____ Background check required

____ Background check complete