



MINNEAPOLIS PUBLIC SCHOOLS VOLUNTEER INFORMATION FORM
Volunteer MPS: 2225 East Lake Street, Minneapolis, MN 55407, (612) 668-3880, fax: (612) 668-3895
http://commmed.mpls.k12.mn.us/Vol_Services

NAME: First Middle Last Maiden, Alias or Former
ADDRESS: Street (Apt) City State Zip Code
PHONE: Day Evening E-mail

Please check all that apply:
College Student Parent/Family Member Community Member
The following is optional and intended for reporting & program support purposes - responses do no determine placement.
Let us know if you are a: (check all that apply) Teen Adult "Baby Boomer" Adult, 55+

Areas of Interest
Volunteer role (check one or more):
English Language Learning (ELL) Support Classroom Presentations Classroom Support
College & Career Preparation Media Center Support One-to-One Tutoring
Office Support No Preference Other
Subject preferred, if any:
Grade Levels preferred, if any:
Early Elementary (K-3) Older Elementary (4-5) Middle School (6-8) High School (9-12)
Adult Learners
School(s) preferred, if any:

Reasons for Volunteering
Please explain why you would like to volunteer in a school or education setting.

Please print your child's name and room number:

Name Room
Name Room

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