



MINNEAPOLIS PUBLIC SCHOOLS VOLUNTEER ESSENTIAL INFORMATION FORM

Volunteer MPS: 2225 East Lake Street, Minneapolis, MN 55407, (612) 668-3880, fax: (612) 668-3895
http://commed.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

References

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

Names: _____ Day Phone: _____

1 _____

2 _____

Emergency Contact

Person to notify in an emergency: _____ Phone: _____

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I have misrepresented the information and/or fail to adhere to program guidelines, I may have my application approval withdrawn.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: _____

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.

*Please provide completed form to your MPS staff contact or the Office of Volunteer MPS (address/fax above) prior to volunteering.