



MINNEAPOLIS PUBLIC SCHOOLS VOLUNTEER INFORMATION FORM

Volunteer MPS, 1250 West Broadway Avenue, Minneapolis, MN 55411

Phone: (612) 668-3880 fax: (612) 668-3895

<http://www.volmps.mpls.k12.mn.us>

NAME: _____
 Title First Last Maiden, Alias, or Former
 ADDRESS: _____
 Street (Apt) City State Zip Code
 PHONE _____
 Home Work Cell
 EMAIL _____

Availability

Please be as detailed as you can regarding your availability as this will assist us with placement. Please note that K-12 opportunities are only available weekdays between 7:30 am – 4:30 pm.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From						
To						

My availability is (circle one)

Entire school year -or- Months (circle): Oct. Nov. Dec. Jan. Feb. Mar. Apr. May

Assignment Preferences

Volunteer programs that interest me (circle all that apply)

Early Literacy Tutoring Program Aspiring Teachers Community Volunteers

Volunteer roles that interest me (circle all that apply)

Math tutoring English Language Learner (ELL) Tutoring Classroom Assistant

Other (please specify): _____

Grade Levels preferred (circle all that apply)

Early Elementary (K-3) Older Elementary (4-6) Middle School (6-8) High School (9-12)

Schools(s) or area(s) of Minneapolis preferred, if any: _____

We cannot guarantee that we will be able to accommodate all preferences listed.

Work and Volunteer Experience

Please provide a brief description of your current or last work experience.

Please provide a brief description of any volunteer work you have done.



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Reasons for Volunteering

Please explain why you would like to volunteer in the Minneapolis Public Schools.

Do you have any concerns about volunteering with young people?

Relevant Skills

Please circle any languages you speak besides English: Spanish Somali Hmong

Do you have any other special skills you think would be relevant for us to know in placing you as a volunteer?

Special Accommodations

Please list any special accommodations you would like us to be aware of. We cannot guarantee that we will be able to provide all accommodations requested.

Wheelchair Accessibility

Limited Mobility

On bus line

Other (please specify): _____

References

Please provide the names and contact information of two people you know well and can speak to your experience with youth (if possible).

Name: _____ Email: _____ Day Phone Number: _____

How do you know this person? _____

Name: _____ Email: _____ Day Phone Number: _____

How do you know this person? _____

Emergency Contact:

Name: _____ Phone Number: _____

Relationship to you: _____



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Criminal History

Have you ever been convicted of a misdemeanor or felony?

Yes No

If yes, please explain:

Demographic Information

The following information is optional and intended for reporting and program support purposes- responses do not determine placement.

Age range (circle one): Under 18 18 – 55 55 or over

Gender (circle one): Male Female

Education (circle one): High School/ GED Associates Degree Some College Trade School
Bachelor's Degree Master's Degree Doctoral Degree

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:** _____