



MINNEAPOLIS PUBLIC SCHOOLS PARENT VOLUNTEER 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 _____

Assignment Preferences

School Your Child Attends: _____
 Your Student's Name: _____ Student's Grade Level: _____
 Volunteer roles that interest me (circle all that apply):
 Field Trip Chaperone _____ Special Events _____ Parent Outreach _____ PTO/PTA Member _____
 I would like to volunteer in my child's classroom _____
 I would like to volunteer in a different classroom _____
 Other (please specify): _____

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

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): _____

Emergency Contact:

Name: _____ Phone Number: _____
 Relationship to you: _____



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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? _____

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How do you know this person? _____

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:** _____