



**ESSENTIAL VOLUNTEER INFORMATION FORM**  
Volunteer MPS, 1250 West Broadway Avenue, Minneapolis, MN 55411  
Phone: (612) 668-0128 volunteer.services@mpls.k12.mn.us

**Volunteer Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Volunteer Assignment:**

School: \_\_\_\_\_ Volunteer Role: \_\_\_\_\_

Primary MPS staff contact person: \_\_\_\_\_

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I have misrepresented the information and/or fail to adhere to program guidelines, I may have my application approval withdrawn.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

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_