



VOLUNTEER REQUEST FORM

Return to:
Volunteer MPS, 1250 West Broadway Avenue, Minneapolis, MN 55411
Phone: (612) 668-3880 fax: (612) 668-2097
Email: VolunteerMPS@mpls.k12.mn.us
<http://www.volmps.mpls.k12.mn.us>

Contact Information

YOUR NAME: _____
Title First Last

JOB TITLE: _____

PHONE _____

EMAIL _____

Who will be directly supervising the volunteer(s)?

NAME: _____
Title First Last

TITLE: _____

PHONE _____

EMAIL _____

Volunteer Assignment

ASSIGNMENT TITLE: _____

ASSIGNMENT DESCRIPTION. Please write 2-3 short sentences explaining what the volunteer will be doing. Be as specific as possible.

With what grades/age groups will the volunteer(s) be working?

How many students will the volunteer work with? _____

How many volunteers do you need? _____

What, if any, qualifications would you like your volunteer(s) to have? Please circle all that apply.

Speaks Spanish

Speaks Somali

Speaks Hmong

Must be at least 18 years old

Good for 55+

Background check required

Other, please specify: _____



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Times Needed

This position is:

Ongoing opportunity

One-time only/special event

For Ongoing Opportunities

What days/times do you need the volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From						
To						

For one-time/special event volunteers

What is the date, time, and location of the event?

What is the time commitment expected of the volunteer for this one-time event?

Other Information

Please provide any other necessary information about this volunteer position.

Is your building/classroom accessible for a person with a physical disability?

Yes No