

Application Form Volunteer Program

St. Louis Park Schools

Office Use

Date of Placement _____

Date _____

School _____

How did you find out about the volunteer program?

Teacher _____

Day & Time _____

Please Print

Name _____

Home Phone _____

Work Phone _____

E-mail _____

Home address (number, street, city, zip)

Business/Organization (if any) _____

Business address (number, street, city, zip)

Employment Duties _____

Volunteer Interests (you may check more than one: Classroom V.I.P. (), Art Appreciation (), Media Center (), ELL K-12 (), Adult ELL (), Resource Speaker (), Literacy 1st (), Read 180 (), math grades 2-12 (), Junior High Band (), Clerical Help (), Other/Occasional (),
100 hours pre Master of Ed - Program, area _____

Education/Training/Work Experience

Special interests, hobbies, skills

Volunteer experience

Why do you want to volunteer in the schools?

Preferred school or location to volunteer _____ or don't care _____

Grade level(s)

Pre-K _____ K _____ 1-5 _____ 6-8 _____ 9-12 _____ any age _____ Adult _____

Availability

Day(s) of week

Time(s)

() Monday

_____ am _____ pm

() hours per week _____

() Tuesday

_____ am _____ pm

() once per month _____

() Wednesday

_____ am _____ pm

() occasionally _____

() Thursday

_____ am _____ pm

() once _____

() Friday

_____ am _____ pm

() other _____

Entire school year _____ Three months _____ Six months _____

Do you have any knowledge, hobbies, or skills you would like to share as an occasional classroom resource speaker?
If so what area:

Would you be interested in helping on occasional short term projects like judging for contests such as, helping with Senior High business class activities, working at once a year programs, screening, etc..

_____yes _____no _____call me and ask

For these activities, your name will be kept on file and we would call when there is a project. If you are interested and available we'll place you as needed. Thanks!

Have you ever been convicted of a misdemeanor or felony (excluding traffic violations resulting in fines of less than \$50)? If so, please explain on reverse side of form: () yes () no

Have you ever been discharged or forced to resign from prior employment? Please describe the circumstances on reverse of this form: yes () no ()

References: Two people you have worked with or who know you well, such as employer, pastor, teacher, friend etc. (not a relative). **List at least one person who has known you for more than FIVE years.** This information is used to screen potential volunteers for the protection of our students.

Name	Name
Address	Address
City, State, Zip	City, State, Zip
e-mail:	e-mail:
Daytime Phone Number:	Daytime Phone Number:
How long have you known this person? Relationship:	How long have you known this person? Relationship:

St. Louis Park School District #283 is an equal opportunity employer and does not discriminate based on any legally protected status under federal, state or local law.

I certify that the information I have given in this application is accurate and up-to-date. I understand that submitting this application does not guarantee my acceptance into the Volunteer Program, and that assignment of volunteer work is based on the assessment made by the Volunteer Services staff.

I understand that if I have misrepresented application 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.

Signature

Date

Additional comments:

Return to:

VIP OFFICE

6425 West 33rd Street
St. Louis Park, MN 55426

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