



Public Schools

Volunteer Connection E-12 Programs

PLEASE PRINT

Date: _____

Name			Birthdate		
Home address (number, street)		(city)	(state)	(zip code)	Home phone #
Employer (if any)	Position	Business address (number, street, city, zip code)		Business phone #	
E-Mail			Have you previously completed an application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Type of service preferred:
 Basic Skills Tutor Classroom Tutor Enrichment Tutor English as a Second Language Tutor Homework Connection

Education/Training: _____

Volunteer experience: _____

Do you speak a Foreign Language or have any special skills or hobbies: _____

Why do you want to volunteer in the schools? _____

Preferred school or location to volunteer: 1. _____ 2. _____	Subject area _____
--	-----------------------

Do you prefer working with:
 Individual children Small groups Kindergarten Grades 1 - 5 Grades 6 - 8 Grades 9 - 12

Availability

Day(s) of week	Time(s)	(Minimum required for tutors is 2 hours per week)
<input type="checkbox"/> Monday	_____ am _____ pm	<input type="checkbox"/> hours per week _____
<input type="checkbox"/> Tuesday	_____ am _____ pm	<input type="checkbox"/> hours per week _____
<input type="checkbox"/> Wednesday	_____ am _____ pm	<input type="checkbox"/> hours per week _____
<input type="checkbox"/> Thursday	_____ am _____ pm	<input type="checkbox"/> hours per week _____
<input type="checkbox"/> Friday	_____ am _____ pm	<input type="checkbox"/> hours per week _____

How often are you willing to serve in the Volunteer program? _____

References List one professional reference (employer, Volunteer Coordinator) with whom you have worked, and one personal reference (excluding relatives) who have known you more than 5 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
Phone #	Phone #
How long have you known this person?	How long have you known this person?
Relationship	Relationship

Have you ever been convicted of a misdemeanor or felony (excluding traffic violations resulting in fines of less than \$100)? If so, please explain on the reverse of this form.

Yes No

Have you ever been discharged or forced to resign from prior employment? Please describe the circumstances on reverse side of this form.

Yes No

The Bloomington Public Schools, ISD #271, Volunteer Connection, E-12 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 Connection, E-12 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:

**Volunteer Connection, E-12/Pond • ISD #271 • 9600 3rd Avenue South • Bloomington, MN 55420
952-681-6292 • Fax: 952-681.6290**