



**COMMUNITY
EDUCATION**
volunteers in
partnership

Volunteer Application Form

Please return application to:
Jill Kaufman ♦Volunteers in Partnership
Sandburg Learning Center ♦ 2400 Sandburg Lane
Golden Valley MN 55427
Phone: 763.504.6991
E-mail: jill_kaufman@Rdale.org
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Volunteers in Partnership

Thank you for your interest in volunteering. The information on this form will be used to help determine a volunteer assignment which will be well suited to your background and interests.

Name _____ **Date** _____

Address _____ **Phone (H)** _____

City _____ **ZIP** _____ **(C)** _____

E-mail _____ **DOB:** _____

Age Range: Under 18 18 – 54 55 or over Practicum student

How did you learn about Volunteers In Partnership? (VIP) (Please check as many as appropriate.)

- | | |
|--|---|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Partner organization |
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> Presentation _____ |
| <input type="checkbox"/> Community Education catalog | <input type="checkbox"/> Retired 281 staff |
| <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Robbinsdale Schools newsletter |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper | |

Referred by _____
(person/organization)

Are you a resident of the Robbinsdale Area Schools district? Yes No Unsure

Current Employment, if applicable:

Employer _____ Phone _____

Position _____

Years Worked _____

Does your employer offer incentives for volunteering? Yes No

Volunteer Experience:

Organization _____ Phone _____

Position _____

Years Worked _____

Organization _____ Phone _____

Position _____

Years Worked _____

Special skills, experiences, hobbies and/or education background:

Areas of Interest: (You may check more than one.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adult Basic Ed | <input type="checkbox"/> Adult Disability Program | <input type="checkbox"/> Adventure Club | <input type="checkbox"/> Art |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Classroom helper | <input type="checkbox"/> Clerical | <input type="checkbox"/> English Learners |
| <input type="checkbox"/> Math | <input type="checkbox"/> Media Center | <input type="checkbox"/> One-Time Events | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Science | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Story Theater
(55 years +) | <input type="checkbox"/> Vision and Hearing
Screening | | |

Where do you prefer to volunteer? (You may check more than one)

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Special Ed | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Senior Programs | Other: _____ |
-

Availability:

	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Monday	—	—	—
Tuesday	—	—	—
Wednesday	—	—	—
Thursday	—	—	—
Friday	—	—	—

Amount of volunteer hours available: _____

When can you start? _____

What do you hope to gain from volunteering? _____

Have you been convicted of a felony within the last seven years? Yes No

(Conviction will not necessarily disqualify you as a volunteer.)

If yes, please explain nature and date of the offense. _____

References: Please list two adults who know you well and are not related to you. You may include employers, co-workers or friends. **PLEASE PROVIDE COMPLETE MAILING ADDRESS.**

Name _____ Phone* _____

Relationship _____ Years Known _____

Name _____ Phone* _____

Relationship _____ Years Known _____

* Phone number required

Emergency Contact:

Name _____ Phone _____

Relationship _____

I am interested in volunteering my services to the community. I understand that although I am not an employee of Robbinsdale Area Schools, I will abide by the district policies pertaining to volunteers.

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 Volunteers In Partnership (VIP) program and that a volunteer placement is determined following an assessment by the VIP administration. I understand that Robbinsdale Area Schools does not discriminate based on any legally protected status under federal, state, or local law.

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 requires background checks prior to acceptance as a VIP volunteer. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so.

Signature _____ Date _____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION ORGANIZATION
Robbinsdale Area Schools ♦ Community Education

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, disability and other protected status of volunteers. This data is for statistical analysis with respect to the success of the affirmative action program. *Submission of this information is optional* and will not affect any volunteer placement decision.

Age 16+ (Youth)
 Practicum student
 18+ (Adult)

Gender Male
 Female

Ethnicity American Indian/Alaskan Native
 Asian
 Black or African American
 Caucasian/White
 Hispanic/Latino
 Pacific Islander
 Two or more races
 Other/Unknown

**Person with
disability**