



COMMUNITY  
EDUCATION  
volunteers in  
partnership

# Volunteer Application Form

Please return application to:  
Jill Kaufman ♦ Volunteers In Partnership  
New Hope School ♦ 8301 47<sup>th</sup> Avenue North  
New Hope, MN 55428  
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**Volunteers In Partnership (VIP)**

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** \_\_\_\_\_ (w) \_\_\_\_\_

**E-mail** \_\_\_\_\_ (c) \_\_\_\_\_

**Volunteer's Status:** \_\_\_ Youth (middle/high school)    \_\_\_ Practicum (college: service learning)    \_\_\_ Adult (18-54 years)    \_\_\_ Senior Adult (55+ years)

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

- Community Education classes catalog
- Newspaper
- Robbinsdale Area Schools newsletter
- College
- Internet
- Business/Employer
- Flyer at \_\_\_\_\_
- Faith-based Organization
- Presentation at \_\_\_\_\_
- Cable TV
- Display at \_\_\_\_\_
- VIP brochure
- Other \_\_\_\_\_

Referred by \_\_\_\_\_  
(person/organization)

**Current Employment, if applicable:**

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_  
Years Worked \_\_\_\_\_

**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"/> Adventure Club                               | <input type="checkbox"/> Child Care                | <input type="checkbox"/> Math         | <input type="checkbox"/> Science                                      |
| <input type="checkbox"/> Art/Culture                                  | <input type="checkbox"/> Classroom Helper          | <input type="checkbox"/> Media Center | <input type="checkbox"/> Social Studies                               |
| <input type="checkbox"/> Assessments                                  | <input type="checkbox"/> Clerical                  | <input type="checkbox"/> Reading      | <input type="checkbox"/> Vision & Hearing                             |
| <input type="checkbox"/> Basic Skills<br>(with <u>Adult</u> Learners) | <input type="checkbox"/> Computer                  | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Story Theater<br>(For volunteers 55 + years) |
|   | <input type="checkbox"/> English Language Learning |                                       | <input type="checkbox"/> 1 time Event                                 |

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

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

**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?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other comments:** \_\_\_\_\_

\_\_\_\_\_

**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\* \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone\* \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

\* Phone number required

**Publicity Release:**

\_\_\_ I hereby give my permission to the Community Education division to use my name and/or picture in news stories, newsletters, news releases, etc. to help in the promotion of the Community Education division and the volunteer program.

\_\_\_ I do not wish to give my permission at this time for publicity releases.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**I certify that all information provided is accurate and up-to-date. I give permission for Volunteers In Partnership to contact the references provided.**

**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**     Under 18  
           18-54 (Adult)  
           55 and over (Senior)

**Gender**     Male  
               Female

**Ethnicity**     Hispanic or Latino  
                   Not Hispanic or Latino

**Race**     American Indian/Alaskan Native  
             Asian  
Select one or more,     Native Hawaiian or Other Pacific Islander  
regardless of            Black or African American  
Ethnicity                White

**Person with  
disability**