



**COMMUNITY  
EDUCATION**  
volunteers in  
partnership

# Volunteer Application Form

Please return application to:  
Volunteers In Partnership  
3725 Pilgrim Lane N  
Plymouth, MN 55441  
Phone: 763.504.6991  
E-mail: [jill\\_kaufman@rdale.org](mailto:jill_kaufman@rdale.org)  
Fax: 763.504.4945

**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.)

- Brochure
- Cable TV
- Community Education catalog
- Friends/Family
- Internet
- Newspaper
- Partner organization
- Presentation \_\_\_\_\_
- Retired 281 staff
- Robbinsdale Schools newsletter
- Other \_\_\_\_\_

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<br>(55 years +) | <input type="checkbox"/> Vision 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**