



Request for Community Volunteer

Please send completed form to **Volunteers In Partnership**
Attn: Mindy Potvin
Interschool Mail Location: Sandburg Learning Center
Phone: 763-504-6994 Fax: 763-504-4945

School/Program: _____

Today's Date: _____

Teacher/Requestor's Name: _____

Teacher Position/Grade: _____

Phone: _____

Category: Please check the area of interest (**one area per form**)

____ Academic Support (**Circle:** Enrichment, Math, Reading, Science, Social Studies, Writing)
____ Assessment (K-1, CBM) ____ Childcare ____ Classroom Helper ____ Clerical ____ Computer ____ ELL
____ Media Services ____ Receptionist ____ Special Ed ____ **Special Events:** _____
____ Other: _____ (Name of event)

Volunteer Job Responsibilities:

Number of volunteers requested: _____

Age range of people the volunteer will be assisting:

____ Pre-K ____ Elementary ____ Middle School ____ High School ____ Adults ____ Senior Adults

Goals (outcomes resulting from volunteer placement):

____ Assist program/teacher ____ Assess ability level ____ Connect with student ____ Develop student's skills
____ Facilitate event ____ Welcome, greet, direct visitors

Place job will be performed:

____ Classroom ____ Curriculum Room ____ Media Center ____ Other _____

Desired schedule:

For One Time Event Event Date: _____

For Ongoing placements: Day/s of Week: M T W Th F Sa Su **Volunteer Start Date:** _____

Start Time: _____ am/pm to _____ am/pm **Shifts:** please describe: _____

Hours per Time: _____

Frequency: ____ Daily ____ Weekly ____ Monthly ____ Other _____

Length of Commitment: ____ One Time ____ Short Term ____ On-Going ____ Summer

Qualifications Required:

____ Adult ____ Youth (middle-high school)
____ Flexible schedule ____ Other _____
____ Language (Specify): _____

Training Requirements:

____ Will be provided by supervisor
____ If not, by whom: _____

Desired schedule: _____

Will meet volunteer at this location : _____

Comments or special instructions: _____