

EDINA VOLUNTEER PROGRAM APPLICATION

CONTACT INFORMATION

Name:	Email Address:		
Address:	City:	State:	Zip:
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Secondary Phone:		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Best Time to Reach You: <input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Evenings		

INTEREST AND BACKGROUND

What type of volunteer experience are you looking for?

- Homework Help (Before or After School)
- Non-Academic Experiences (help in ways other than time with a student)
- Other (please explain): _____
- Age Group(s) of Interest: K 1-3 4-5 6-9 10-12 Open to any need
- Schools of Interest: Open to any Concord Elem. Cornelia Elem. Countryside Elem. Creek Valley Elem.
 Highlands Elem. Normandale Elem. South View M.S. Valley View M.S. Edina H.S.

Special skills and interests:

Do you have a special skill or hobby you would like to share? Do you speak a foreign language? Do you have experience with ELL/ESL? Do you have a music or art background? What special interests or abilities do you have?

Why are you interested in volunteering?

Do you have any previous volunteer experience?

Tell us about your previous volunteer experiences (if applicable).

AVAILABILITY

DAY(S) OF THE WEEK:	TIME(S) OF DAY:	FREQUENCY:	MONTH(S):	
<input type="checkbox"/> Monday	<input type="checkbox"/> AM <input type="checkbox"/> PM	___ Hours/Week	<input type="checkbox"/> October	<input type="checkbox"/> November
<input type="checkbox"/> Tuesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	___ Hours/Week	<input type="checkbox"/> December	<input type="checkbox"/> January
<input type="checkbox"/> Wednesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	___ Hours/Week	<input type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> Thursday	<input type="checkbox"/> AM <input type="checkbox"/> PM	___ Hours/Week	<input type="checkbox"/> April	<input type="checkbox"/> May
<input type="checkbox"/> Friday	<input type="checkbox"/> AM <input type="checkbox"/> PM	___ Hours/Week	<input type="checkbox"/> Summer (June/July/August)	

This will be used as a guideline to help with placement, realizing your availability is subject to change. Availability will also be based on the needs of the schools, and this will be discussed with you if a position is offered.



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 information below, and ensure that we have at least two ways to contact a reference. We will need to contact two references before you can begin.

Reference 1 Name:	Reference 2 Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
How long have you known this person?	How long have you known this person?
Relationship:	Relationship:

BACKGROUND INFORMATION

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: _____

AGREEMENT AND SIGNATURE

The Edina Public Schools ISD 273 is an equal opportunity employer and does not discriminate based on any legally protected status under federal, state, and local law.

I certify that the information I have given in this application is accurate and factual. I further acknowledge that falsification or omission of any information presented or requested on this application or during the interview process will result in dismissal. I hereby authorize Edina Volunteer Programs to request information regarding my application for volunteer work from the references I have provided.

Name (printed): _____ Signature: _____

Date: _____

PUBLICITY RELEASE (Please Select One)

I hereby give my permission to the Community Education division to use my name and/or picture in news stories, newsletters, new 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 release.

Signature: _____ Date: _____

Thank you for completing this application form and for your interest in volunteering with us.

PLEASE SEND COMPLETED APPLICATION TO:

Edina Volunteer Program | 5701 Normandale Rd. | Edina, MN 55424
(P) 952-848-4926 | (F) 952-848-3951 | volunteer@edinaschools.org

OPTIONAL:

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

AGE	GENDER	ETHNICITY	RACE (Select one or more)	PERSON W. DISABILITY
<input type="checkbox"/> Under 18	<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Yes
<input type="checkbox"/> 18-54	<input type="checkbox"/> Male	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> No
<input type="checkbox"/> 55+			<input type="checkbox"/> Other	