



REQUEST FOR VOLUNTEER

CONTACT INFORMATION

| | |
|-------------------------------------|-----------|
| School/Program: | Date: |
| Requester's Name: | Position: |
| Grade/Subject Area (if applicable): | Phone: |
| Email Address: | |

VOLUNTEER POSITION INFORMATION

Category: (Please mark the area of interest, limited one per form)

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Support Please Specify: _____ | <input type="checkbox"/> ELL <input type="checkbox"/> Media Center | <input type="checkbox"/> After School Homework Help <input type="checkbox"/> Special Event Please Specify: _____ |
| <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> Reception <input type="checkbox"/> ECFE/ECSE | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Success Center | |
| <input type="checkbox"/> Computer | | |

Volunteer Job Description/Responsibilities:

(Please be as specific as possible)

Number of Volunteers Requested: _____

Age the volunteer will be assisting: Pre-K Elementary Middle High School Adult
Location job will be performed: Classroom Media Center Office Other: _____

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

For One Time | Event Date/Details: _____

For Ongoing Placements | Day/s of Week: M T W Th F Sa Su Start Date: _____

Start Time: _____ am/pm to _____ am/pm Shifts (please describe): _____

Hour(s) per Time: _____ Location to Report To: _____

Frequency: Daily Weekly Monthly Other: _____

Qualifications Required:

- Adult Youth (Middle/High School)
 Flexible Schedule Language: _____
 Other: _____

Other Special Training or Needs:

Additional Information:

Please share any other information that will help with placement or to be shared with potential volunteer.

SUBMISSION INSTRUCTIONS

Please send completed form to the Edina Volunteer Program
 Interschool Mail: Edina Community Center
 Phone: 952-848-4926 | Fax: 952-848-3951
 Email: volunteer@edinaschools.org