

# Volunteers



## Volunteer Application

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: daytime # \_\_\_\_\_ evening # \_\_\_\_\_

E-mail address: \_\_\_\_\_

### HOW YOU CAN HELP:

READ TO CHILDREN

BE AN ADULT LITERACY TUTOR

ASSIST IN SCHOOL OFFICES OR LIBRARIES

HELP WITH SCHOOL EVENTS

BE ON A COMMITTEE

SPEAK AT SCHOOLS

TUTOR STUDENTS

PROVIDE SUMMER AND AFTER-SCHOOL JOB/INTERNSHIP ACTIVITIES FOR YOUTH

SHARE YOUR ARTISTIC ABILITIES AND EXPERIENCE

ASSIST A CLASSROOM TEACHER

RETURN COMPLETED APPLICATION TO:

SAINT PAUL PUBLIC SCHOOLS FAMILY AND COMMUNITY INVOLVEMENT OFFICE

360 COLBORNE ST.  
SAINT PAUL, MN 55102

(651) 767-8312  
FAX: (651) 221-1488

WEB: WWW.SPSPS.ORG

### How do you want to help? (Please check all that apply.)

\_\_\_\_\_ I want to volunteer in a school or program. At which level?

\_\_\_\_\_ Elementary

\_\_\_\_\_ Early Childhood/Family Ed.

\_\_\_\_\_ Middle/Junior

\_\_\_\_\_ Adult Education/Literacy

\_\_\_\_\_ Senior High

\_\_\_\_\_ Special Education

In what school or part of the city? \_\_\_\_\_

\_\_\_\_\_ I want to help students with the following subject: \_\_\_\_\_

\_\_\_\_\_ I want to participate on a council or committee at a:

\_\_\_\_\_ School Level

\_\_\_\_\_ District Level

\_\_\_\_\_ I would like to share my job, hobby or travel experience with a class.

Please list: \_\_\_\_\_

\_\_\_\_\_ I would like to help in other ways, such as:

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

### When are you available?

Mornings from \_\_\_\_\_ to \_\_\_\_\_ M T W TH F

Afternoons from \_\_\_\_\_ to \_\_\_\_\_ M T W TH F

Evenings from \_\_\_\_\_ to \_\_\_\_\_ M T W TH F

Please list any languages you speak fluently:

\_\_\_\_\_

### Emergency contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other contact: \_\_\_\_\_

Address: \_\_\_\_\_

(More)



***Volunteer Application***

**Current Employment (if applicable):**

**Employer:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Year(s) of service:** \_\_\_\_\_

**References (please list two people who know you well and are not related to you, such as co-workers, employers, supervisors from previous volunteer activities, or friends):**

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

**Relationship** \_\_\_\_\_

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

**Relationship** \_\_\_\_\_

**I certify that all information provided is accurate and up-to-date. I give permission for the district to contact the references provided. I also understand that submitting this application does not guarantee placement in a volunteer position and that the Saint Paul Public Schools may request a criminal background check on me to ensure the safety of students and staff.**

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