



VOLUNTEER CORPS APPLICATION

This form can be completed and submitted online by visiting www.isd199.org
 If you do not have Internet access, please fill out this form and return it to the main office of any district school building.

PLEASE PRINT

Date: _____

Name		Birthdate	
Home address		Phone: Home Cell (please specify)	
Employer (if any)	Position	Business address	Phone: Work Cell (please specify)
E-mail			

Type of service preferred: <input type="checkbox"/> Math/Reading tutor <input type="checkbox"/> Technology classroom support <input type="checkbox"/> Homework help at school <input type="checkbox"/> Classroom tutor <input type="checkbox"/> Enrichment tutor <input type="checkbox"/> Clerical/Non-student contact activities <input type="checkbox"/> Field Trip <input type="checkbox"/> Connecting with new families in our district <input type="checkbox"/> English as a Second Language tutor <input type="checkbox"/> Program/Special Assignment			
Preferred school(s): <input type="checkbox"/> Hilltop Elementary <input type="checkbox"/> Pine Bend Elementary <input type="checkbox"/> Salem Hills Elementary <input type="checkbox"/> IGH Middle School <input type="checkbox"/> Simley High School <input type="checkbox"/> Early Childhood		Preferred subject area(s):	
Do you prefer working with (select all that apply): <input type="checkbox"/> Individual children <input type="checkbox"/> Small groups <input type="checkbox"/> Pre-K <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1 – 5 <input type="checkbox"/> Grades 6 – 8 <input type="checkbox"/> Grades 9 – 12			
Education/Training:			
Volunteer experience:			
Do you speak a foreign language or have any special skills or hobbies:			

Availability

Day(s) of the Week	Time(s) Available	Maximum hours per week _____
<input type="checkbox"/> Monday	Start _____ End _____	
<input type="checkbox"/> Tuesday	Start _____ End _____	
<input type="checkbox"/> Wednesday	Start _____ End _____	
<input type="checkbox"/> Thursday	Start _____ End _____	
<input type="checkbox"/> Friday	Start _____ End _____	

Emergency Contact Information

Name	Relationship
Phone (primary)	Phone (secondary)
Email	City, State, ZIP
Physician	Physician's Phone

APPLICATION CONTINUED ON BACK

Inver Grove Heights Community Schools, ISD 199, is an equal opportunity employer and does not discriminate based on any legally protected status under federal, state, or local law.

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 as a volunteer, and district staff will determine that assignment of volunteer work.

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 may request a background check on me pursuant to the Minnesota Child Protection Background Check Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so.

I understand that prior to being placed in volunteer position for Independent School District 199, I am required to listen to the volunteer orientation podcasts and read the district policies that have been provided to me.

If you have questions, contact ISD 199 volunteer coordinator, at 651-306-7867.

Signature

Date

Additional Comments: