

Volunteer Application
BILINGUAL LEARNING CENTER

Please complete and email as an attachment to the Program Manager at
info@blcenter.org

Personal Information

Name _____ Age _____

Email _____ Phone _____

Address/City/State/ZIP

Emergency Contact (name, phone, relationship)

Academic Information (if applicable)

University/Class you are in _____

Professor _____ Major _____

Days and times you are available to volunteer

Have you ever volunteered at BLC or Windom School before? If so, in what capacity?

Please describe any relevant volunteer or work experience:

Volunteer _____

Work _____

Do you have any special training or skills you would like to use in volunteering?
(i.e. foreign languages, artistic ability, computer skills, etc.)

What do you hope to get out of volunteering with BLC?

How do you see yourself fitting in with the work we do?

For official use only:

___ Background check complete

Volunteer Agreement

BLC is committed to providing high quality services to our students (PreK through 5th grade). In order to attain this goal, BLC has prepared this volunteer agreement. This document will establish clear expectations for all new volunteers.

Please carefully read this agreement and sign it where indicated. If you have any questions, feel free to contact the Executive Director.

Responsibilities and Guidelines:

1. Volunteers are expected to commit to an entire semester. In case the volunteer is unable to attend on a certain day, he or she must inform the Program Coordinator 24 hours in advance.
2. Volunteers are expected to check with teachers/supervisors to clarify their duties.
3. Volunteers are expected to keep in communication with the teachers/supervisors. This includes reporting any concerns, inappropriate behavior, problems or special needs to the teachers/supervisors.
4. Volunteers will be responsible and punctual.
5. Volunteers will be open and respectful to diversity.
6. Volunteers are expected to respect and stay in compliance with program confidentiality policies.
7. Volunteers are expected to respect and stay in compliance with general school policies.

Name _____ Date _____

Address _____

Phone _____ Email _____

CRIMINAL RECORD AUTHORIZATION AND RELEASE FORM Volunteers and Student Teachers

OCA #: T126272040

MINNEAPOLIS PUBLIC SCHOOLS - Special School District No. 1
1250 WEST BROADWAY, MINNEAPOLIS, MN 55411
Volunteers: Volunteer Services 612-668-0500
Student Teachers: Human Resources 612-668-0500

The following named individual has made application with this school district for employment as (check one):

 Volunteer (any non-MPS employee) at: _____ school. Pre-Student Teacher _____ school. Student teacher at _____ school.**STUDENT TEACHERS ONLY**Dates you will be student teaching / /20 to / /20

College or University: _____

Last Name of Applicant (Please print): _____ Home Phone: (____) _____

First Name (Please print): _____ Work Phone: (____) _____

Middle (Full) (Please print): _____

Maiden, Alias or Former (Please print): _____

Date of Birth: / /19 Sex: Female Male Social Security #: _____ - _____ - _____

Address (Please print): _____

City _____ State _____ ZIP _____

Have you ever resided or worked outside the state of Minnesota? Yes NoIf you answered "yes", list the state(s) in which you have resided and/or worked:

I hereby authorize Minneapolis Public Schools to obtain the following information in connection with my application for employment in accordance with Minn. Stat. 123B.03, or, if hired, at anytime during my employment: criminal and/or motor vehicle records (from the Bureau of Criminal Apprehension, Federal Bureau of Investigation, or consumer reporting agency), employment records, educational records, consumer reports, consumer investigative reports including credit reports obtained through a consumer reporting agency, personal references and other job related data provided on this application or via the interview process. I acknowledge that Minneapolis Public Schools has informed me that it may make use of this information in evaluating my application for employment, and in Minneapolis Public School's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment with Minneapolis Public Schools. I hereby authorize Minneapolis Public Schools to make use of the above referenced information and release Minneapolis Public Schools and any entity that provides information to Minneapolis Public Schools from liability in connection with this information. Any offers of employment are contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, during my employment.

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am accepted and placed as a volunteer or hired as a student teacher. If a volunteer, I have read and understand the appropriate volunteer Job Description, District Policies and Guidelines, and other information provided.

This authorization shall be valid for one year from the date of my signature unless I notify the District otherwise within due year.

Signature: _____ Date: _____/_____/_____

Please include a check for \$5 made out to "Minneapolis Public Schools" and return all 4 pages to:
 Human Resources – Student Teachers, 1250 West Broadway, Minneapolis, MN 55411