

## 2018-2019 VOLUNTEER FORM

### Lake Nokomis Community School - Keewaydin Campus

Family Liaison/Volunteer Coordinator: Anne Tank

(612) 668-4670 [anne.tank@mpls.k12.mn.us](mailto:anne.tank@mpls.k12.mn.us)

Thank you for your interest in volunteering at LNCS Keewaydin Campus! Family and community volunteers make a big impact at our school.

Please complete this form to register to volunteer this year and we will contact you about your interests.

- Also complete the **ONLINE MPS Background Check Form** if you have not completed one at LNCS in the past, at [http://volmps.mpls.k12.mn.us/background\\_checks](http://volmps.mpls.k12.mn.us/background_checks)
  - If you do not have a Social Security number or are concerned about the background check, contact [anne.tank@mpls.k12.mn.us](mailto:anne.tank@mpls.k12.mn.us) because it is not required for every position.
- See the attached **PTA Volunteer Form** for additional opportunities.

We will also send you occasional emails as opportunities and needs pop up during the year.

### Contact Information

NAME:	_____				
	Title	First	Last	Maiden, Alias, or Former	
ADDRESS:	_____				
	Street	(Apt)	City	State	Zip Code
PHONE	_____				
	Home	Work		Cell	
EMAIL	_____				
Your relationship to student:	_____				
Your Student's Name:	_____	Student's Grade Level:	_____	Room#	_____
Your Student's Name:	_____	Student's Grade Level:	_____	Room#	_____

### Volunteer Opportunities [please check your area(s) of interest]

In Classrooms:
_____ Field Trip Chaperone
_____ In My Student's Classroom - <i>preferred days/times?</i> _____
_____ In Other Classrooms - <i>preferred days/times?</i> _____
_____ Math/Reading tutor
Other Opportunities:
_____ Site Council (attend monthly meetings to give input on school decisions, planning, budget)
_____ Help in the Office (occasionally or on a regular basis)
_____ Weekday Special Events (occasional, eg. hearing screenings, taste tests, photo day)
_____ Woodlawn Walks Chaperone ((Fridays 9:15-9:40 a.m., fall and spring)
_____ Gardening Club (help care for school gardens)
_____ Chess Club Assistant (Tuesdays, 8:30-9:30am)
_____ PTA (see attached PTA Volunteer Form to volunteer with school events and community building)
_____ Help distribute food in backpacks on Fridays from 10:30-11am

## 2018-2019 VOLUNTEER FORM

Lake Nokomis Community School - Keewaydin Campus

Family Liaison/Volunteer Coordinator: Anne Tank

(612) 668-4670 [anne.tank@mpls.k12.mn.us](mailto:anne.tank@mpls.k12.mn.us)

### Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

### Background Check

Have you visited [http://volmps.mpls.k12.mn.us/background\\_checks](http://volmps.mpls.k12.mn.us/background_checks) to complete the first step in the MPS background check process?

Yes                      No

Be aware this is a 2 step process. After you complete the online request form (step 1), then look in your email for a link within a few days to complete the actual form (step 2). You must complete it within 48 hours.

If you are looking for a volunteer position that does not require a background check or Social Security number, please contact [anne.tank@mpls.k12.mn.us](mailto:anne.tank@mpls.k12.mn.us) or 612-668-5040 for options.

**I understand** that the Minneapolis Public School District is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, disability or age in its programs and activities.

**I understand** that submitting this information does not guarantee my acceptance into the Volunteer Program, and that assignment of volunteer work is based on the assessment made by the Volunteer MPS Staff.

**I understand** that if I have misrepresented the 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 have read and understand the appropriate Volunteer Job Description, Sexual Harassment Policy, and other information provided.

**I understand** that by signing this I acknowledge that I have read and that I understand the foregoing information provided to me regarding the private nature of student educational data. I agree to treat the data as private and I will not disclose it to anyone other than the student's teacher. If I have any questions, I will contact the teacher or Volunteer Program Coordinator.

**I understand** the district policies and procedures for volunteers and I agree to hold harmless the Minneapolis Public Schools for any actions taken by me.

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