



Parent/Guardian Volunteer Form

Please complete this application form if you are the parent, guardian or relative of an MPS student interested in becoming a volunteer at your student's school.

If you do not have a student in the Minneapolis Public Schools or are interested in volunteering at a school other than your student's, please complete our Community Member Volunteer application.

Contact Information

Name: _____

Address: _____

Phone: home: _____ cell: _____

Email: _____

Your Student's Name: _____

Student's Grade/Room #: _____

Availability

Please let us know your availability to volunteer.

Day(s): _____

Times: _____

Relevant Skills and Interests

Parent interests, please circle:

Field Trip Chaperone

Parent Outreach

PTO member

Special Events

Classroom Volunteer

Specialist Volunteer (art, music...)

Do you have any special skills you think would be relevant for us to know in placing you as a volunteer?

Special Accommodations

Please list any special accommodations you would like us to be aware of:

Wheelchair accessibility Limited mobility On bus line

Please list any other special accommodations here:

Emergency Contact

Please list the name and phone number of someone we can contact in case of an emergency.

Name: _____

Relationship: _____

Home phone: _____

Cell phone: _____

Criminal History

Have you ever been convicted of a misdemeanor (of any kind) or felony? If yes, please list all convictions and dates.

*Please note that listing previous criminal history does not automatically disqualify you from volunteering with Minneapolis Public Schools. However, failing to list criminal history that then appears on a background check may disqualify a volunteer from serving.

I have read and understood the information below

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I have misrepresented the information and/or fail to adhere to program guidelines, I may have my application approval withdrawn.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.

I Agree

Signature: _____ Date: _____