



Hopkins Public Schools

Volunteer Application

Welcome to Hopkins Public Schools.

Our students range in age from preschoolers through adults, and we will match your interests and skills with individual and school needs. Volunteering strengthens and enriches our schools, thank you!

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone (Home/Cell): _____ Phone (Work): _____

E-mail: _____

Occupation: _____ Company: _____

Emergency contact name: _____ **Phone:** _____

Skills, Hobbies or Special Interests: _____

Education, Training, Language Skills: _____

Experience as a Volunteer: _____

Experience in paid employment: _____

I am willing to share my time/my occupation/my expertise:

_____ with a student/learner (tutoring, mentoring, reading, writing, special projects)

_____ in a classroom (teacher assistant, resource speaker, chaperone, career information)

_____ with adults (literacy tutoring, district advisory committee, professional development)

When are you available to volunteer? Please mark the days and list specific times:

	___ Mon	___ Tues	___ Wed	___ Thurs	___ Fri
A.M.					
P.M.					

I would be willing to help: ___ hrs/week ___ weekly ___ monthly ___ occasionally ___ special project

Ages/Grade levels preferred: _____ School Building preferred: _____

Please Return to: Eisenhower Community Center
Volunteer Office, Room 170
1001 Highway 7, Hopkins, MN 55305

OR

Carolina.Lloyd@HopkinsSchools.org
Fax: 952-988-4147
Phone: 952-988-4066

Your References

Please list three people who have recent knowledge of your qualifications to work with students. This may include current/former supervisors, employers, co-workers, teachers, etc., but not family members.

1. Name: _____ Phone: _____
Address: _____
Occupation: _____
Relationship: _____ Years Known: _____
2. Name: _____ Phone: _____
Address: _____
Occupation: _____
Relationship: _____ Years Known: _____
3. Name: _____ Phone: _____
Address: _____
Occupation: _____
Relationship: _____ Years Known: _____

PLEASE READ BEFORE SIGNING

- I understand that the information I have provided may be verified; therefore I give permission to the Hopkins School District to make inquiry of others concerning my suitability to act as a volunteer.
- I understand that as I work with staff and students, information of a confidential nature may be shared with me. The abilities, relationships, challenges and confidences of students, their parents and the staff should never be discussed with anyone who does not have the professional right or need to know.
- If a student shares with you information about emotional or physical abuse, you must report this to the student's teacher or principal. If you have any concerns, always speak with the teacher or principal.
- I realize that I may be terminated immediately for a breach of conduct or procedure.
- I understand that a background check is required before a volunteer assignment is confirmed.

Sign/Type _____ Date _____

Your signature affirms that all information on this application is true to the best of your knowledge

The information you have given will be used to assist in placing you in a volunteer assignment and will be used only by volunteer coordinators or their designee. Please call 952-988-4066 with any questions.

