**NRHEG Public School**



Independent School District No. 2168

High School Elementary School

306 Ash Ave. South 600 School St.

New Richland, MN 56072 Ellendale, MN 56026

(507)465-3205 (507)684-3181

Fax (507)465-8633 Fax (507)684-2108 .

**NRHEG Community Education**

VOLUNTEER PROGRAM APPLICATION

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| **CONTACT INFORMATION** | |
| Name: | Emil Address: |
| Address: | City: State: Zip: |
| Primary Phone: | Secondary Phone: |
| Preferred Contact Method: \_\_Phone \_\_Email | Best Time to Reach You: \_\_Morning \_\_Midday \_\_Evenings |

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| **INTEREST AND BACKGROUND** |

**What type of volunteer experience are you looking for?**

\_\_ Preschool Classroom Helper – \_\_\_ activities, \_\_\_ special events, \_\_\_ literacy/reading, \_\_\_ assessments

\_\_ Non-Academic Experiences (help in ways other than time with a student, possibly at an enrichment or recreation class)

\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age Group(s) of Interest:** \_\_ Prek \_\_ K \_\_ 1-2 \_\_ 3-4 \_\_5-6 \_\_7-8 \_\_9-12 \_\_ Open to any need

**Programs of Interest:** \_\_ Early Childhood Family Education \_\_ Youth Recreation \_\_ Preschool/School Readiness

\_\_ Youth Enrichment \_\_ Adult Programming

**Special skills and interests:** *Do you have a special skill or hobby you would like to share? Do you speak a foreign language? Do you have experience with ELL/ESL? Do you have a music or art background? What special interests or abilities do you have?*

**Why are you interested in volunteering?**

**Do you have any previous volunteer experience?** *Tell us about your previous volunteer experiences (if applicable).*

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| **AVAILABILITY** | | | | | | |
| Day(s) of the week: | Time(s) of the day: | Frequency: | Month(s): | | |
| \_\_Monday | \_\_ AM \_\_PM | \_\_\_ Hours/Week | \_\_September | \_\_ October |
| \_\_Tuesday | \_\_AM \_\_PM | \_\_\_ Hours/Week | \_\_ November | \_\_ December |
| \_\_Wednesday | \_\_ AM \_\_PM | \_\_\_ Hours/Week | \_\_ January | \_\_February |
| \_\_Thursday | \_\_ AM \_\_PM | \_\_\_ Hours/Week | \_\_March | \_\_April |
| \_\_Friday | \_\_ AM \_\_PM | \_\_\_ Hours/Week | \_\_May | \_\_ Summer (June-August) |

*This will be used as a guideline to help with placement, realizing your availability is subject to change. Availability will also be based on the needs of the programs, and this will be discussed with you if a position is offered.*

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| **REFERENCES** | |
| *Please list two adults who know you well and are not related to you. You may include employers, co-workers, or friends. PLEASE provide complete information below, and ensure that we have at least two ways to contact a reference. We will need to contact two references before you can begin.* | |
| Reference 1 Name: | Reference 2 Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone: | Phone: |
| Email: | Email: |
| How long have you known this person? | How long have you known this person? |
| Relationship: | Relationship: |

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| **BACKGROUND INFORMATION** |

Have you been convicted of a felony within the last seven years? \_\_Yes \_\_No

*(Conviction will not necessarily disqualify you as a volunteer)*

If yes, please explain nature and date of the offense:

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| **AGREEMENT AND SIGNATURE** |

The NRHEG Public Schools #2168 is an equal opportunity employer and does not discriminate based on any legally protected status under federal, state, and local law.

I certify that the information I have given in this application is accurate and factual. I further acknowledge that falsification or omission of any information presented or requested on this application or during the interview process will result in dismissal. I hereby authorize NRHEG Community Education Volunteer Program to request information regarding my application for volunteer work from the references I have provided.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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| **PUBLICITY RELEASE (Please Select One)** |

\_\_ I hereby give my permission to the Community Education division to use my name and/or picture in news stories, newsletters, news releases, etc. to help in the promotion of the Community Education division and the volunteer program.

\_\_ I do not wish to give my permission at this time for publicity release.

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

**Thank you for completing this application form and for you interest in volunteering with us!**

**PLEASE SEND COMPLETED APPLICATION TO:**

NRHEG Community Education Volunteer Program, 306 Ash Ave. S, New Richland, MN 56072

(P) 507-417-2667 (F) 507-465-8633 mwhiteside@nrheg.k12.mn.us

**OPTIONAL:**

Government agencies at times require periodic reports on the sex, ethnicity, disability, and other protected status of volunteers. This data is for statistical analysis with respect to the success of the affirmative action program. Submission of this information is confidential.

AGE GENDER ETHNICITY RACE (select one or more) PERSON W. DISABILITY

\_\_ Under 18 \_\_ Female \_\_ Hispanic of Latino \_\_ Black or African American \_\_ Yes

\_\_ 18-54 \_\_ Male \_\_ Not Hispanic or Latino \_\_ White \_\_ No

\_\_ 55+ \_\_ Other