

Adult Volunteer Application Scheduling Sheet



Adult Basic Education

School Year 2018 - 2019

Please provide the following information to assist us in scheduling your volunteer time. Your contact information will allow us to place you in volunteer position(s) and to notify you if anything changes with your assignment. Providing your contact information is optional, but if you do not provide it, you will not be able to volunteer. We may share your contact information with school district employees who need the information in order to do their jobs, appropriate people in an emergency, and/or parent group (PTO/PTA/Advisory Committee) representatives as needed by event coordinators. We will also release your information if a court orders its release, or if

Last Name			First			MI	
Address			City			Zip	
Email address							
Email address(Contact me at ()			home	dary Number: (_)		hom
Medical emergency conta	act						
Medical emergency contact(Name)			(Phone Number)		Number)	(Relationship)	
I am NOT the parent ID, or present your pare you volunteering as a note of the parent your pare you volunteering as a note of the parent your pare you volunteering as a note of the parent your pare	shoto id to schonember of an or	ol staff for us to ganization? If s school:	copy.	he name of your o		(Optional)	
Please indicate days and times that	Day(s)	Monday	Tuesday	Wednesday	Thursday	Friday	☐ At Home Projects
you are available to volunteer	Time(s) am/pm						
agree:							
that any photos taken v promotional materials to review and support t education/community/v	the district's Vo colunteer)	lunteer Handbo	ook (find the link		79.org/communi	<u>ty-</u>	

- (http://www.district279.org/images/Dept/SchoolBoard/Policy-Procedures/Policy_924.pdf)
- to hold harmless the ISD 279 Osseo Area Schools for any actions taken by me
- that if I have misrepresented information provided on this application and/or fail to adhere to program guidelines, my application approval may be withdrawn.

Signature	Date

NOTE: The BACKGROUND DISCLOSURE portion of the volunteer application (attached) MUST be returned to school for your volunteer application to be complete.



Signature

Adult Volunteer Application Background Disclosure



Adult Basic Education School Year 2018 - 2019

Volunteer Name (please print):			
Last Name	First	M	I
This Background Disclosure page of the Adult Volunteer Appli volunteer coordinator to determine whether or not a criminal histor		It will be reviewed	by the
If a criminal history background check is needed, you will receivolunteer coordinator. Submission of the Background Authorization background check can be run.			
This Background Disclosure page, which includes private data, wil Volunteer Application) in a secured location as designated by the p		eduling Sheet (page	1 of the Adult
This Background Disclosure portion of the Adult Volunteer Applic be complete.	ation MUST be returned to schoo	l for your volunteer	application to
Are you a current ISD 279 employee? If 'yes':		□ NO	□ YES
Employee ID Number: (<u>If you are an ISD 279 employee</u> , ployounteer application. Do not completely.)			
CONSENT AND ACKNOWLEDGEMENT			
If you are not a current ISD 279 employee, you must answer each result in denial of approval for you to volunteer at school. Based which you are considered, District 279 reserves the right to request the case). The background disclosure section of the adult volunteer only be shared with the volunteer coordinator, principal, site leader as needed.	on responses to these questions at a criminal history background cl r application and information cou	nd/or the volunteer a heck (you will be no ntained in it is PRIV	assignment for otified if this is ATE and will
Have you ever been convicted of a criminal offense other tha	n a minor traffic violation?	□ NO	□ YES
Have you ever had any adjudicated finding of child abuse file	ed in your name?	□ NO	\Box YES
Does your name appear on any Sex Offender Database in any	state or country?	□ NO	□ YES
If your response to any of the above three questions is 'ye	s', please answer the following	g questions:	
Has ISD 279 run a criminal history background chec volunteer in the past?	k on you in your capacity as a	□NO	□ YES
If 'YES', please provide approximate date:in your background since the previously run criminal	, and has anything characteristics, and has anything characteristics, and has anything characteristics, and has anything characteristics.	nanged NO	□ YES

Date

MOTIVATIONAL QUESTIONAIRE

It is important to Osseo Adult Basic Education program that we help you to be successful in your volunteer tutoring work. Please complete the following questions so we can better assess if our program is the best volunteer placement for you.

1)	Check any of the following boxes that detail any formal education, training and/or credentials (certificate, degree, license) that you have for teaching or tutoring adults? a. Teaching degree b. Teaching license c. Teaching certificate d. 12-hour Pre-Service Training from MN Literacy Council e. Other Teacher/Tutor Training f. None
2)	Please describe any teaching/tutoring/training experience that you have had (number of years, subjects you taught/tutored, age groups taught, etc.)
3)	What are you hoping to contribute or gain through this experience?
4)	What amount of time per week can you commit to tutoring adults in our program? We have daytime classes from 9 a.m. to 1 p.m. Monday – Friday and evening classes from 5:30 to 8:30 p.m. Monday- Thursday. (Most of our volunteers work from 2 to 4 hours each week)
5)	Can you commit to tutoring weekly during the entire school year? (From September – end of June - excluding vacations, school closures, family commitments, or illness of course)
6)	What experiences have you had with adults from cultures and language groups other than your own?
7)	Will you have any challenges getting to and from our building for your volunteer work? Any other challenges you will face to tutoring weekly?