

The Heights Community School Volunteer Application
1863 Clear Ave 55119 651-293-8815

Please complete both sides of the application.
A background check must be completed and approved before volunteers can be chaperones for field trips. Background checks are good for one year.
The cost is \$15.00 cash only. Please allow 2 weeks for processing.
Contact Julie Wellman with any questions.

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Student Name/Grade _____

How do you want to help? (check all that apply)

- Tutoring
- PTA
- Help a teacher in the classroom. Teacher/grade preference _____
- Library
- EDL (after school program)
- Complete a service learning requirement
- Activities: Family Nights, Track & Field Day, Picture Day
- Other _____
- Field Trip Chaperone – REQUIRES A YEARLY \$15 BACKGROUND CHECK.

When are you available?

Mornings	from _____ to _____	MTWTHF
Afternoons	from _____ to _____	MTWTHF
Evenings	from _____ to _____	MTWTHF

Please list any languages you speak fluently: _____

Current Employment or School (if applicable)

Employer/School: _____ Phone _____

Position: _____

References:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

I certify that all information provided is accurate and up-to-date. I give permission for designated staff to contact the references provided. I also understand that submitting this application does not guarantee placement in a volunteer position and that SPPS may request a background check on me to ensure the safety of students and staff.

Signature: _____ Date: _____



Budget Code: _____
Location: _____
School/Dept. Contact: Name: _____
Phone: _____
Email: _____

Permission and Release Form for VOLUNTEER Background Investigations

First Name	Middle Name	Last Name	Birthdate (Month, Day and Year)
Street Address		City/Town	State, Zip Code
Social Security Number	Former Name(s)/Alias & Date of Change		

To ensure the safety and security of our students, families, employees, the Saint Paul Public School District reserves the right to conduct criminal background checks on volunteers. By signing this release form you are giving permission to the District to conduct this background check using the information provided above. You are also releasing the Saint Paul School District and any entity providing information to the District from liability in connection with this information. Background information may have a bearing on an individual's ability to volunteer. I authorize the reinvestigation of my criminal history, at any time, while volunteering for Saint Paul Public Schools.

You will receive a copy of the background investigation obtained by Saint Paul Public Schools. You may also request additional information on the nature of the report upon written request to the consumer reporting agency.

Listed below are cities/states where I have lived in the past seven- (7) years.

	<u>Address</u>	<u>City, State and Zip Code</u>	<u>Date: From</u>	<u>Date: To</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Signature _____ Date _____

THIS FORM IS ONLY TO BE USED FOR VOLUNTEER APPLICANT