



Lincoln Park Middle School



Volunteer Application

Please print neatly:

NAME: _____ BIRTH DATE: _____
First M.I. Last
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PRIMARY PHONE (CELL, HOME, ETC): _____ _E-MAIL ADDRESS: _____
 EMPLOYER: _____ OCCUPATION: _____ HOURS WORKED PER WEEK: _____
 ARE YOU PRESENTLY A STUDENT? ____ SCHOOL: _____ MAJOR: _____

REFERENCES

Please list the names and addresses of at least two people who can vouch for your reputation and character and who have known you for at least two years. When listing personal references, please use the names of people who have seen you work with youth. These could include employers, coworkers and friends. **Please no relatives.**

Name: _____ Relationship: _____ _Phone: _____
 Email: _____ Address: _____

Name: _____ Relationship: _____ _Phone: _____
 Email: _____ _Address: _____

Please answer the following questions to the best of your knowledge. We will do our best to place you in programs and classrooms that best fit your skills.

What experience do you have working with youth?

What qualities do you possess that would help our students?

What subjects do you feel comfortable tutoring in? Are there any subjects you do not feel comfortable tutoring in?

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VOLUNTEER POLICY AND PROFILE

The purpose of Lincoln Park's volunteer opportunities is to provide youth and families the chance to learn and grow in a safe and PAWsitve environment. Our programs enhance academic, social and creative skills which will empower our community through finding strength in our diversity.

The undersigned acknowledges and agrees that: **1.)** If I am placed at Lincoln Park Middle School, I will make my best effort to be dependable and prompt for my scheduled volunteer time. **2.)** I will contact program staff if any critical information (e.g. scheduling changes that may affect meeting with my program, criminal charges and/or convictions) occurs after I have committed to volunteer. **3.)** I will maintain a volunteer log at my site. **4.)** I will be show respect in myself, the school, and the community; I will promote Learning, Pride, and a Welcoming environment.

_____ Initials

Photo Consent

___ **YES** I agree to the use of my photograph, videotape, or other likeness for promotional purposes.

___ **NO** Lincoln Park may not use my photograph, videotape, or other likeness for promotional purposes.

_____ Initials

AVAILABILITY: *When would be the best time(s) and day(s) for you to volunteer? (Times must be between 8:50AM – 4:00 PM)*

Hours a week you would be available to tutor: _____

Monday	Tuesday	Wednesday	Thursday	Friday

POSSIBLE VOLUNTEER AREAS: *Please circle which programs you may be interested in helping with:*

One-on-One Tutoring

Group Tutoring

After-School Homework Club

Reading Classes

Math Classes

Other subjects:

GRADE PREFERENCE: ___ 6 ___ 7 ___ 8

Please complete and submit the application to Lincoln Park Middle School.
If you have any questions, contact:

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Lincoln Park Middle School
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Lincoln Park Middle School

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