

East Hillside Patch Volunteer Application

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

I, _____, give permission for my name and photo to be used in articles and other materials that promote East Hillside Patch programs.

Please list any physical limitations and/or health concerns that we may need to be aware of:

By signing below, I acknowledge that:

1. I understand that volunteer orientation materials are required reading and that I have read and understood the information.
2. I will be held accountable for the orientation information presented.
3. I understand that the East Hillside Patch needs to complete a background check. I authorize the Minnesota Bureau of Criminal Apprehension to release data and to disclose all information maintained about me under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, to the East Hillside Patch. I understand that the findings of the Criminal Background Check could result in my discontinuation as a volunteer.

Signature: _____ Date: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

1. What is your experience in working with kids and what is your motivation for volunteering with Mind 2 Mind?
2. Have you ever worked with kids of color or diverse populations and/or have you ever dealt with issues of racism with kids?
3. What talents and skills would you bring to the Mind 2 Mind program?