



Winona Area Public Schools COMPASS Volunteer Application Form

Return to: Community Education Project COMPASS • 903 Gilmore Ave., Winona, MN 55987

Ph. 507-494-0900 FAX: 507-494-0807 Email: linda.jacobs@winona.k12.mn.us

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Present Employment _____ Work Phone _____

Education (circle last year completed) 12 13, 14, 15, 16 17, 18, 19, 20
(COLLEGE) (GRAD SCHOOL)

I am requesting a volunteer opportunity because:

A. It is a class requirement Yes No Name of class _____

Professor's name _____ No. of hours needed _____ Major _____

B. Other (explain) _____

Have you had any experience working with people with disabilities? Yes No

Explain if yes: _____

Contact in Case of Emergency:

NAME RELATIONSHIP (HOME PHONE) (WORK PHONE)

Limitations related to health _____

REFERENCE: Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

When volunteering, confidentiality is a must. There are specific federal and state laws that protect information of a personal nature about children in a school setting. Persons who violate these laws open themselves up to litigation (a lawsuit). It is natural to want to go home or back to school and share your experiences. Just remember not to use names or specific identifying information concerning individual children. If you have concerns, please do not hesitate to speak to the teacher, facilitator or principal.

MN Safe and Supportive Schools Act: The issue of bullying is of great concern. The Winona Area Public Schools district adheres to the MN Safe and Supportive Schools Act. It is essential that all students feel safe and are able to receive an education in a supportive environment. If, as a volunteer, you have concerns regarding student behaviors that may appear intimidating, threatening, abusive or harming to another student or students, please speak to the teacher, program advisor or principal.

Criminal Background Check: The school district will conduct a criminal background check on individuals 18 and over who will be working one on one with children and /or vulnerable adults or chaperoning field trips. Criminal background checks will also be completed on those coaching athletic and academic activities. Offering these types of volunteer opportunities shall not be made available until receipt of the final results of the criminal background check from the BCA are deemed acceptable to the school district and approved by the school board.

Date _____ Signature _____

For Office Use Only

1. Will this volunteer be working one on one with students or vulnerable adults? Yes / No
2. Will this volunteer be providing athletic coaching or extracurricular advisor services? Yes / No
3. Will this volunteer be chaperoning a field trip? Yes / No

If you have answered yes to any of these questions, this volunteer must complete an authorization form for a criminal background check. Submit the completed authorization form to the Human Resources Department for processing. Once a criminal background check has been completed, it does not need to be repeated unless there is a break in volunteer service which exceeds 12 months.

Please note: Completed volunteer applications should be filed at the school or program location. Completed criminal background check authorization forms need to be routed to Human Resource for processing.