



Risen Christ Catholic School

VOLUNTEER APPLICATION

1120 E. 37TH ST. ,Mpls., MN 55407 TEL: 612-822-5329

PLEASE TYPE OR PRINT. COMPLETE **BOTH** SIDES OF THIS APPLICATION. THANK YOU!

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET APT

CITY STATE ZIP CODE

H)PHONE: _____ **C)PHONE:** _____ **W)PHONE:** _____

E- MAIL ADDRESS: _____

How did you find out about our volunteer program? _____

I WOULD LIKE TO VOLUNTEER BECAUSE:

AVAILABILITY: Please check the times you are usually available for a volunteer assignment:
 Monday Tuesday Wednesday Thursday Friday
 mornings mornings mornings mornings mornings
 afternoons afternoons afternoons afternoons afternoons
How often would you like to volunteer? Daily Weekly Monthly Other _____

The following is a list of some of our volunteer opportunities. Please check ALL areas that interest you.
 Tutor: Subject Area: _____ Fundraising
 Library Assistant Committee Member
 Homework Center Public Relations
 Art Adventure Leader Mailing Assistant
 Book Munchers Book Club Leader Office Assistant
 Exercise Leader Special Event Assistant
 Recess Assistant
 Friday Food (backpack) Program Coach _____(sport)
 Cafeteria Assistant Computer (Apple) Specialist
 Spanish Translation

I prefer to work with the following grade levels: K-2nd 3rd-5th 6th-8th No preference
I prefer to work in an: English classroom Spanish classroom(must be fluent Spanish speaker)

Please add any strong interests, skills, areas of knowledge, hobbies, special skills, etc. you could offer as a volunteer: _____

OVER

EMPLOYMENT EXPERIENCE: I am employed unemployed retired student
List current/most recent first:

1. _____
EMPLOYER'S NAME/LOCATION POSITION/TITLE DATES EMPLOYED

2. _____
EMPLOYER'S NAME/LOCATION POSITION/TITLE DATES EMPLOYED

EDUCATION (High School, College, Business School, Technical School, Post Graduate etc.)

1. _____
SCHOOL NAME/LOCATION MAJOR COURSES DATES DIPLOMA/DEGREE

2. _____
SCHOOL NAME/LOCATION MAJOR COURSES DATES DIPLOMA/DEGREE

REFERENCES: List 2 individuals; one who can assess your employment/volunteer experiences and one who will provide a character reference. INCLUDE FULL MAILING ADDRESS.

1. Name _____ Relationship _____

Address _____
street city state zip code

How long have you known this person? _____

2. Name _____ Relationship _____

Address _____
street city state zip code

How long have you known this person? _____

PLEASE READ AND SIGN BELOW:

The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully is grounds for not being considered for a volunteer position.

I understand that in signing this document, I authorize verification of this information through communication with any person or organization noted herein. With regard to the verification of information process, I release from liability RISEN CHRIST CATHOLIC SCHOOL, and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participants and volunteers, and I promise to faithfully follow all such policies.

Signature _____ Date _____

**COMPLETE AND RETURN FORM TO:
MAGGIE MCCARRICK
RISEN CHRIST CATHOLIC SCHOOL, 1120 EAST 37TH STREET, MPLS., MN 55407
TELEPHONE: 612-822-5329 x106
mmccarrick@risenchristschool.org**



Risen Christ School

123B.03 and the Minnesota Predatory Offender Registry
INFORMED CONSENT

The following named individual has made application for employment or volunteer service with an organization, Risen Christ School, which utilizes The McDowell Agency to run criminal background checks

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print):

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The McDowell Agency and to Risen Christ School pursuant to Minnesota State Statute 123B.03 for the purpose of employment or volunteer service at the organization named above which utilizes the services of The McDowell Agency.

This release is valid for one year from the date of my signature.

Signature of Applicant _____ **Date** _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to The McDowell Agency and to Risen Christ School any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and The McDowell Agency and the Risen Christ School from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This release is valid for one year from the date of my signature.

Signature of Applicant _____ **Date** _____