

Volunteer Application

River Grove: A Marine Area Community School

PO Box 178 • 14189 Ostlund Trail North • Marine on St Croix, MN 55047
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Office Use

- \$21.00 fee received _____
 Processed
 Volunteer orientation completed on _____

Dear School Volunteer:

Thank you for your interest in volunteering! To protect the safety and welfare of children, River Grove conducts background checks on all volunteers that have any contact with our students. The checks are valid for three years. We appreciate your understanding and cooperation in this important matter.

Volunteer Expectations

- *Dependability:* Children and staff look forward to the volunteer's commitment to report at the expected time.
- *Confidentiality:* The volunteer must respect the confidentiality of sensitive information. Children and their families should not be discussed outside the program or school environment.
- *Communication:* The volunteer's success depends on effective communication. Please ask questions and follow directions.

Directions for Completing Volunteer Forms

1. Fill out the "Volunteer Application" form and "Volunteer Combined Disclosure Notice and Authorization." Incomplete applications cannot be processed.
2. Return your application to the school secretary. All information is kept confidential. The McDowell Agency charges \$21 per person. **Please make your check for \$21 to "MACS."**
3. Please check back with the secretary to confirm you have been cleared to volunteer. The approval/declination process may take a week or more.
4. If there is a concern with the results reported from the background check, you will be contacted.
5. A short orientation, offered monthly, is required.
6. Please check in and record your volunteer hours in the volunteer log at the school office.

PLEASE PRINT LEGIBLY:

Volunteer's Name (First, Middle, Last)

Full Address (Include City, State, Zip)

Home Phone

Cell Phone (Text messages ok? Yes No)

Email

What is your relationship to River Grove? If you have students at the school, what grades are they in?

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER:

Individual's Name & Relationship

Full Address (Include City, State, Zip)

Home Phone

Cell Phone (Text messages ok? Yes No)

Email

AVAILABILITY:

Monday: AM PM Tuesday: AM PM Wednesday: AM PM Thursday: AM PM Friday: AM PM
Variable or unknown at this time

TYPE OF VOLUNTEERING PREFERRED/YOUR INTERESTS:

Classroom Helper Office Field Trips Cafeteria Library/Media Playground/Outdoor Activity
Math Reading Science Art Music Other Curriculum Subjects: _____
Fundraising Events PTO Activities and Events Other: _____