

# Learning Exchange Volunteer Classroom Partner Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Birthdate m/d/y: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: (If student, list graduation year) \_\_\_\_\_

Employer: \_\_\_\_\_

How did you find out about us?: \_\_\_\_\_

Skills/Interests/Hobbies: \_\_\_\_\_

Describe any prior experience you've had with people who have disabilities: \_\_\_\_\_

Which of the following classes are you interested in assisting with?

<input type="checkbox"/> Computer	<input type="checkbox"/> Life Skills	<input type="checkbox"/> Theater/Dance/Music
<input type="checkbox"/> Cooking	<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Health

Is there any class you are unable to help with or do you have any limitations? If yes, please explain: \_\_\_\_\_

Learning Exchange classes are scheduled Monday-Friday evenings, and occasionally during the day on Saturday and Sunday, from September through early June. Please X-out the days you are never available:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Other notes on availability: \_\_\_\_\_

(OVER)

## Learning Exchange

It is our policy to ask for the following information. Please call 952-681-6121 if you have any questions.

**Please provide references who have known you for more than a year and can tell us about your character and reliability.** References cannot be relatives. Preferred references have worked with you, such as a co-worker, past employer or were an instructor for two or more of your classes. Other possible references may be clergy, neighbor or friend. Thank you for your time!

### REFERENCES

1) Name of Reference: \_\_\_\_\_

Reference's E-mail: \_\_\_\_\_

Relationship to you & Phone Number: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

2) Name of Reference: \_\_\_\_\_

Reference's E-mail: \_\_\_\_\_

Relationship to you & Phone Number: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

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Your Name (Please print): \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, comments (if any): \_\_\_\_\_

I declare that the information on this form is true and correct to the best of my knowledge. I understand that providing this information does not guarantee my acceptance as a volunteer nor does it obligate me to accept a volunteer assignment. If I agree to volunteer, I agree to have a background check, at no cost to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18, parent signature here - print parent name below.)

**Please return to:** Learning Exchange  
2575 West 88<sup>th</sup> Street; Suite 200  
Bloomington, MN 55431

**Fax Number:** 952-681-6101 **E-Mail:** jclarke@isd271.org

**If questions:** 952-681-6121, Janet Clarke

Office use: *Please enter date:*

_____	Entered in Vol Hour Tracking database
_____	Entered in Partners database
_____	References requested
_____	_____ References Received
_____	_____ Background check requested and rec'd
_____	Trained

***Thank you very much for your interest in Learning Exchange!***

*Revised 8/2023*

*Learning Exchange is a part of Bloomington Public Schools Community Education Department, in cooperation with the Community Education Departments of Edina, Eden Prairie and Richfield Public Schools.*