

**NRHEG Public School**

Independent School District No. 2168

High School
306 Ash Ave. South
New Richland, MN 56072
(507)465-3205
Fax (507)465-8633

Elementary School
600 School St.
Ellendale, MN 56026
(507)684-3181
Fax (507)684-2108

REQUEST FOR VOLUNTEER FORM**CONTACT INFORMATION**

Program:	Date:
Requester's Name:	Position:
Subject Area:	Phone:
Email Address:	

VOLUNTEER POSITION INFORMATION**Category:** (Please mark the area of interest, limited one per form)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> ELL | <input type="checkbox"/> After School Homework Help |
| <input type="checkbox"/> Please Specify: _____ | <input type="checkbox"/> Reception | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> ECFE | <input type="checkbox"/> Please specify: _____ |
| _____ | | |
| <input type="checkbox"/> Clerical/Copying | <input type="checkbox"/> ECSE | <input type="checkbox"/> Other: _____ |
| _____ | | |
| <input type="checkbox"/> Computer | | |

Volunteer Job Description/Responsibilities:*(Please be as specific as possible)***Number of Volunteers Requested:** _____

Age the volunteer will be assisting: ☐ Infant/toddler ☐ 1-2 years old ☐ 3 years old ☐ 4-5 years old
☐ Kindergarten ☐ 1-3rd grade ☐ 4-6th grade ☐ 7-12th grade
☐ 19-54 years ☐ 55+

Location job will be performed: ☐ Classroom ☐ Office ☐ Other: _____

Length of Commitment: ☐ One Time ☐ Short Term ☐ On-Going ☐ Summer

For One Time, Event Date/Details: _____

For Ongoing Placements, Day/s of Week: M T W Th F Sa Su **Start Date:** _____
Start Time: _____ am/pm **to** _____ am/pm **Shifts (please describe):** _____

Hour(s) per Time: _____ **Location to Report To:** _____

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____

Qualifications Required:

- ☐ Adult
- ☐ Youth (middle/high school)
- ☐ Flexible Schedule
- ☐ Language:
- ☐ Other:

Additional Information: *Please share any other information that will help with placement or to be shared with potential volunteer.*

Other Special Training or Needs:

Submission instructions
Please send form to the NRHEG School Office