

**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): _____

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 88th 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.