

**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-Thursday 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 Saturday Sunday

Other notes on availability: _____

Learning Exchange

It is our policy to ask for the following information. Please feel free to call 952-681-6109 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: _____

Relationship & Phone Number: _____

Company Name (if applicable): _____

Reference's E-mail: _____

2) Name of Reference: _____

Relationship & Phone Number: _____

Company Name (if applicable): _____

Reference's E-mail: _____

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.

Signature: _____ Date: _____

(If under 18, parent signature)

**Please return with
Volunteer Waiver to:** Learning Exchange
2575 West 88th Street
Bloomington, MN 55431

Fax Number: 952-681-6171 **E-Mail:** jclarke@isd271.org

If questions: 952-681-6109, Judy Stelmazek, or
952-681-6121, Janet Clarke

Office use: *Please enter date:*

_____ Entered in MABE
_____ Entered in Partners database
_____ References requested
_____ References received
_____ Trained

Thank you very much for your interest in Learning Exchange!

Revised 5/2015

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.