

Volunteer Application



The applicant warrants that the following information is true. Accurate but brief answers are essential. Statements and references may be carefully checked. The application should be completed in ink.

Today's Date _____

Last Name	First Name	MI	Telephone () -
Address		City	State Zip Code
E-mail Address: _____			
Age: _____	Birthdate: _____	Referred by: _____	
<u>Education:</u>	Name of School	Years Completed	Field of Study Degree
Elementary School	_____	_____	_____
High School	_____	_____	_____
College / University	_____	_____	_____
Other	_____	_____	_____
Please list any extra-curricular activities you are involved in: 			
Please list any hobbies or special interests: 			
Describe any volunteer experiences you have had. 			
Why do you want to volunteer at POM and FPA? 			
What opportunities have you had to display your leadership skills? 			

What do you hope to gain from your volunteer experience?

Is there any additional information that you feel will be helpful to us in considering your application?

Write the hours you are available to volunteer each day.

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Circle areas where you would like to volunteer.

Library	Preschool	Third Grade	Trailblazers
Office	Kindergarten	Fourth Grade	
Infant Room	First Grade	Fifth Grade	
Toddlers	Second Grade	Sixth Grade	

References: Please have two people who have knowledge of your character, experience, and ability complete the attached reference form. Please limit the number of family references to one.

Once your application has been reviewed you will be notified and required to attend an orientation.

Authorization for Emergency Medical Care

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the Trailblazer program to order x-rays, routine tests, treatment, release any necessary records, and to provide or arrange necessary related transportation for my child as named on this form. I hereby give permission to the physician selected by the person in charge of the Trailblazers program to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

I understand and agree to follow the health and safety guidelines of POM and FPA.

_____	_____	_____	_____
Applicant's Signature	Date	Parent/Guardian Signature	Date

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for non-acceptance to the volunteer program.

_____	_____
Applicant's Signature	Date

Please send completed applications and a letter of interest to:

Footprints Academy
 POM and FPA Volunteer Program
 Attention: Jill Chang
 9025 Tamarack Road
 Woodbury, MN 55125