



Volunteer Registration

Today's Date: _____

Full Name: _____

Telephone No.: _____

Email: _____

Other preferred contact: _____

Mailing Address: _____

School/Org. Name: _____

Present or Most Recent Work/Volunteer Experience:

Company Name: _____

Company Address: _____

Name of work supervisor/volunteer coordinator: _____

Phone no. or email address of work supervisor/volunteer coordinator: _____

Briefly describe your work or volunteer duties: _____

Are you over the age of 18? Yes No

Emergency Contact:

Full Name: _____

Phone No.: _____

Relationship to you: _____



Volunteer Registration

Please provide names and current grade of your students at PSA (if applicable):

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Authorization and Acknowledgement

Please read carefully and sign below:

I hereby certify that any information and all information provided by me are true and correct to the best of my knowledge. I will take full responsibility if I knowingly withheld any information on this application. I further certify that I have personally completed this application. I hereby authorize Prairie Seeds Academy to run a background check thoroughly, contact my references, work, and/or other matters related to my ability for volunteering. In addition, I certify to the best of my knowledge the information on this application to be true and correct.

Print Full Name: _____

Signature: _____

Date: _____



Volunteer Registration

Confidentiality Agreement

I, _____, am aware of the necessity of respecting the confidentiality of any information regarding any of the students I am tutoring or consider tutoring at Prairie Seeds Academy. I will not share any personal information I may learn advertently or inadvertently about students I work with during my volunteer time. Furthermore, I will not share any confidential information I may learn about staff, school sites other than with school personnel who need the information to help the students. Confidential information may include, but is not limited to names, addresses, learning needs, health issues etc.

I understand I will abide the standards of conduct, code of dress, and performance standards of Prairie Seeds Academy. I have also reviewed with the volunteer coordinator, and fully understand policies and procedures as set forth by the Principal and Handbook at Prairie Seeds Academy.

I understand that I may not transport in my own vehicle any students, whether it's from PSA or my own site.

Failure to comply with this agreement will result in possible and immediate separation from my volunteering privileges at Prairie Seeds Academy. I am, therefore, bound by this confidentiality agreement even after I have completed or discontinued my volunteer services at Prairie Seeds Academy.

Printed Name: _____

Volunteer Signature: _____

Date: _____

Background Check Program

Thank you for your interest in becoming a volunteer at Prairie Seeds Academy (PSA). The PSA Board of Directors recently implemented a mandatory background screening program for everyone who may come into contact with PSA students. The background screening will ensure that all volunteers who have contact with PSA students are qualified to do so. It includes a mandatory criminal background screening designed to remove and/or discourage those who might harm our students. It will require all Registered Volunteers to abide PSA's **Confidentiality Agreement** which defines appropriate behavior and expectations for our volunteers. The PSA Registered Volunteer Program will allow PSA to identify, match, and communicate with our volunteers accordingly.

Payment Methods

Registered Volunteers will be required to complete the volunteer background authorization form. Volunteers should return the completed form along with an \$8 check made payable to the MN BCA. Registered Volunteers will each pay for the initial screening fee, but may be reimbursed upon completion of their first volunteer opportunity at PSA.



Volunteer Registration



**Prairie Seeds Academy
6200 W. Broadway Ave N
Brooklyn Park, MN 55428
(763) 450-1388
Fax (763) 450-1389**

**NON PROFIT Organization
Account # T123028555**

TO: Minnesota Bureau of Criminal Apprehension
Criminal Justice Information Systems- CHA
1430 Maryland Avenue East
St. Paul, MN 55106

Date: _____

The following named individual has made application with this agency for employment.

Last Name if Applicant *(please print)*: _____

First Name *(please print)*: _____

Full Middle Name *(please print)*: _____

Maiden, Alias or Former *(please print)*: _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number: (optional) _____

I authorized the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Prairie Seeds Academy pursuant to Minnesota State Statute 123.B.03 for the purpose of employment with this agency.

The expiration of this authorization shall be a period no longer than one year from the date of my signature.

Signature of Applicant

Date

**The cost for your background check is \$8.00. Please make checks payable to MN Bureau of Criminal Apprehension.*