

Volunteer Application

Please fill out and return by April 28 - E-mail to:
BrainerdInstituteHeritage@gmail.com



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? _____ Yes _____ No

If yes, please explain:

Gender: _____ DOB: ___/___/___ Race or Ethnicity: _____

If you speak any language(s) other than English, please list here:

Are you a student? _____ Yes _____ No

What School do you attend? _____

What is your classification: _____ Major: _____

What is your current occupation? _____

Place of Employment: _____

Address: _____

Do you have a reliable source of transportation: _____

Volunteer Application

Do you have a valid driver’s license? ____ Yes ____ No Driver’s license number: _____

Issued in what state? _____ Vehicle License Plate Number: _____

Do you have any experience working with children or volunteering? If so, where?

Where did you hear about Brainerd Institute Heritage Summer Literacy Program?

Why do you want to volunteer here?

What skills, training or knowledge do you wish to utilize here?

Other information that will help us make a good match (such as education, general interest/hobbies):

Send us a brief (1-3 min) video of you answering the following questions:

What makes you unique or distinctive? How do you plan to engage students? Describe what we might see?

Upload your video to google drive, youtube, etc. Due to file size, **please send a link** to your uploaded video instead of sending the video as an attachment.

Please send your uploaded video **link** to: BrainerdInstituteHeritage@gmail.com

Availability and Volunteer Assignment Preferences

*Must be available at least 5 days to receive a certificate of participation and submit a personalized letter of recommendation.

Please check all that apply: **June 2019 (8:30 AM – 1:30 PM).** I am available:

Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21
Monday 24	Tuesday 25	Wednesday 26	Thursday 27	Friday 28

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- One Time Only (Specify date/time above) As Needed
- One day a week (Specify day/time above) Other _____

The following will help you determine what volunteer activities you might like to participate in.

Please check the area(s) that interest you:

- Tutoring – Which Subjects? _____
- Sports – Which Sport(s)? _____
- Arts & Crafts
- Helping children read or reading to them
- Mentoring Teens
- Chaperoning a field trip
- Assisting with Administrative and clerical work
- Activities not listed that I am interested in: _____

Brainerd Institute Heritage Disclaimer

Brainerd Institute Heritage, Workshop in Open Fields reserves the right to deny a request for volunteer services if a determination is in the best interest of the student(s). This determination is within the sole discretion of the Brainerd Institute Heritage Board (Brainerd Institute Heritage Board: Phylcia Rashad, Vivian Ayers, Vivian Gray, Dr. Ronald Gray, and Pete Stone).

(Initial here) _____

Any statements set forth in this application are true and complete. I understand that any false statements or omission of facts may be cause for dismissal from volunteer service. I give authorization to Brainerd Institute Heritage to conduct an investigation into my background if deemed necessary, and understand that this may be part of the requirement prior to becoming a volunteer with Workshops in Open Fields. I understand that Brainerd Institute Heritage will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services. I also understand that I will not receive any monetary compensation from Brainerd Institute Heritage Workshop in Open Fields, individual employees, board members, or anyone else for serving as a volunteer. In connection with my application as a volunteer, I understand that investigative reports which may contain public record information about me may be obtained. These may include criminal or driving records. Further, I understand that the Brainerd Institute Heritage may request from various Federal, State, and Local agencies regarding my past activities. I also understand that information regarding gender, race, and date of birth is requested for the sole purpose of gathering the above information correctly and will not be used to discriminate against me in violation of any law. I further authorize ongoing procurement of the above mentioned reports at any time during my volunteer service.

Signature: _____ Date: _____

Printed Name: _____

Contact us with any questions: