



SUMMIT

ACADEMY OIC

935 Olson Memorial Highway
 Minneapolis, MN 55405
 (612) 377-0150
 www.saoic.org

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Summit Academy OIC!
Please complete this application and a member of our staff will contact you to discuss next steps.
You may email the completed application to bwilliams-ford@saoic.org or fax to 612-377-0156.

Contact Information			
First Name	M.I.	Last Name	
Street Address	City	State	ZIP
Preferred Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email Address		
Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, your parent or legal guardian must sign this form to grant their permission for you to volunteer.</i>			
How did you hear about Summit Academy OIC? <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Billboard <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Referral:			

Education/Work Experience

Highest Level of Education Completed:

Current Occupation:

Current Employer:

Skills

Please list any skills you possess that you are willing to offer in a volunteer assignment.

Interests	Availability
Which volunteer opportunities are you interested in? <i>(Please check all that apply.)</i>	Please indicate days and times you are available to Volunteer.
<input type="checkbox"/> Tutoring	Monday
<input type="checkbox"/> Best Buy Teen Tech Center	Tuesday
<input type="checkbox"/> Mentoring	Wednesday
<input type="checkbox"/> Fundraising	Thursday
<input type="checkbox"/> Special Events	Friday
<input type="checkbox"/> Administrative Support	Saturday
<input type="checkbox"/> Other (please describe):	

Emergency Contact Information	
Contact Name	Relationship
Preferred Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Why are you interested in volunteering at Summit Academy OIC?

Is there anything else that you would like to share or that may be helpful in considering your application?

Applicant's Certification and Release

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge.

I understand that I am not an employee of Summit Academy while performing volunteer work for the organization. I further understand that as a volunteer, I am not covered by Worker's Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer.

I will fully adhere to the policies, rules and regulations of employment at Summit Academy OIC while acting as a volunteer.

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Summit Academy, I hereby agree for myself, my heirs, assigns, executors and administrators to release and discharge Summit Academy, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my person and or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Summit Academy, its office's and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising therewith. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk and that I have read the foregoing terms and conditions of this release.

I further grant to Summit Academy, my consent and full right to use my name, photograph, likeness, image, and biography in any and all media publications, advertising and publicity in connection with my participation.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____

_____ *All applicants under the age of 18 must have a parent or guardian's authorization to volunteer.*

Best Buy Teen Tech Center

All prospective volunteers for the Best Buy Teen Tech Center must clear a background check prior to volunteering. Summit Academy OIC needs to ensure that those working with our students lack any criminal convictions or crimes relating to children. If you would like to proceed with this volunteer opportunity, please sign verifying that you will comply with the background check prior to volunteering.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian _____ Date _____
*All applicants under the age of 18 must **have** a parent or guardian's authorization to volunteer.*