



**Summer Spectrum 2012  
Teen Volunteer Application**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATION:**

List the name and location of each school attended. Please list highest grade level that will be completed by summer 2012.

Elementary School: \_\_\_\_\_  
Middle School: \_\_\_\_\_  
High School: \_\_\_\_\_  
Other: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Specific skills and interests you are willing to share:

Have you volunteered with Summer Spectrum before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list year: \_\_\_\_\_

**TIME COMMITMENT: All classes are 9:30 a.m. to 12:30 p.m.**

Please check the session(s) which you are interested in working. If you check more than one, please indicate your order of preference on a scale of 1 to 8 with 1 being the highest priority and 8 being the lowest. Please list any dates that you are not available during a session.

**One week sessions:**

\_\_\_\_ Session 1 (June 18-22) Requested time off: \_\_\_\_\_  
\_\_\_\_ Session 2 (June 25-29) Requested time off: \_\_\_\_\_  
\_\_\_\_ Session 3 (July 9-13) Requested time off: \_\_\_\_\_  
\_\_\_\_ Session 4 (July 16-20) Requested time off: \_\_\_\_\_  
\_\_\_\_ Session 5 (July 23-27) Requested time off: \_\_\_\_\_  
\_\_\_\_ Session 6 (July 30-Aug 3) Requested time off: \_\_\_\_\_  
\_\_\_\_ Session 7 (Aug 6-10) Requested time off: \_\_\_\_\_  
\_\_\_\_ Session 8 (August 13-17) Requested time off: \_\_\_\_\_

**REFERENCES:**

Give name, address and phone number of two personal references and attach **TWO WRITTEN LETTERS OF RECOMMENDATION** with your application. These references can be neighbors, teachers, past employers, etc. References and letters of recommendation **CANNOT** be from your family members.

NAME	DAY PHONE NUMBER
1. _____	_____
2. _____	_____

**NOTICES AND SIGNATURE:**

I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for volunteering or result in dismissal, if discovered at a later date. I authorize the City of Bloomington and Bloomington Public Schools to verify this information to determine whether or not the program may be best suited for me.

\_\_\_\_\_  
*Volunteer Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**RETURN APPLICATION BY FRIDAY, APRIL 20th TO:**

J.P. Saccoman  
Poplar Bridge Elementary  
Summer Spectrum Teen Volunteer Program  
8401 Palmer Avenue South  
Bloomington, MN 55437

Office Use Only	
ρAccept: Welcome Letter Sent (Date): _____	
ρDenied : Denial Letter Sent (Date): _____	<b><u>Session(s) Assigned</u></b>
Interview Date/Time: _____	_____ Session 1
Remarks: _____	_____ Session 2
_____	_____ Session 3
_____	_____ Session 4
_____	_____ Session 5
_____	_____ Session 6
Interviewer: _____ Date: _____	_____ Session 7
	_____ Session 8