

New Hanover County Schools

School-Level Volunteer Application

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Email Address _____

Emergency Contact Information _____

Preferred method of contacting you is _____

Check the areas that you would be interested in volunteering for the school:

| | | | | | |
|--------------------------|----------------------|--------------------------|------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Media Center | <input type="checkbox"/> | Fun Day | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Mentoring | <input type="checkbox"/> | Clerical | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Classroom | <input type="checkbox"/> | Translator | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Tutoring | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Cafeteria | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Field Trip Chaperone | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

How many hours during the week are you interested in volunteering? _____

What time of day are you able to volunteer? _____

What days of the week are you able to volunteer? _____

Confidentiality is of the utmost importance in your association with teachers and students. Any information, data or behaviors observed by the school volunteer is confidential. Information observed while visiting the school may not be discussed with anyone outside the school setting. Information may not even be shared without use of the student's name because it is possible that the information could still be linked to the student.

I have received, read and understand and will abide by the information in the volunteer orientation packet. I understand that I am a role model and will conduct myself as such which includes, but is not limited to following the NHCS employee and volunteer dress code- Policy 6435, as well as, all other policies and procedures for NHCS. I will abide by the confidentiality statement above. I understand cell phones or electronic devices should not be used when I volunteer.

Signature

Date

Thank you for volunteering for New Hanover County Schools.