

Maryville City Schools Volunteer Application



Level 2 and Level 3 Volunteers complete this application and the MCS Confidentiality Agreement.

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone # _____ Email: _____

Emergency Contact and Number: _____

Social Security Number for Level 3 Volunteers for background check: _____

Please list the name(s) and grade(s) of your child(ren) attending MCS:

Purpose

A variety of volunteer work is available in the school system. Interested volunteers should first secure a volunteer assignment with a supervising teaching, administrator, or staff member.

Describe your volunteer work below. Specifically, include the name of the school and the name(s) of the supervising teacher(s) or department(s). Once approved, appropriate scheduling will occur with the supervising teacher or department.

I understand that failure to comply with the directions of the supervising personnel or school administrators could be cause for removal from the program.

I understand that my signature certifies that all information on this application is correct and complete, that program participation is contingent upon its accuracy, and that false statements on the application may result in removal from the program.

Signature: _____ Date: _____

For Internal Use Only: Supervising Personnel gathers necessary documents, completes this section, secures applicable principal(s) signature(s), and provides a copy to all applicable school principals.

Assignment to: _____ Volunteer Level: ____ Level 2; ____ Level 3
(Name of cooperating teacher/supervising personnel)

____ Confidentiality Agreement Signed (Level 2 and Level 3); FERPA provided.
____ Criminal Background Information provided; signature and form collected (Level 3 only)
____ Date Criminal Background Check was approved by District Office (Level 3)

Principal(s) Signature: _____