

BARREN COUNTY SCHOOLS VOLUNTEER APPLICATION FORM

(Please check each school where you wish to volunteer)

Austin Tracy BCHS BCMS Eastern Hiseville North Jackson
 Park City Red Cross Temple Hill Trojan Academy Hillcrest Annex ALC/Day Treatment

Name _____ (_____) Phone: _____ Cell: _____
(Maiden)

Address: _____ City: _____ Zip: _____

Birthdate: _____ / _____ / _____ Social Security Number: _____ - _____ - _____
(Month) (Day) (Year)

Presently Employed? Yes No Name of Employer: _____

Do you have; Child(ren) Grandchild(ren) Foster Child(ren) No child(ren) in school?

Childs Name _____ School _____ Grade _____ Teacher _____

Childs Name _____ School _____ Grade _____ Teacher _____

Childs Name _____ School _____ Grade _____ Teacher _____

(List additional children on back of page)

Special Training: _____ Languages: _____

Skills, interests, hobbies: _____

Availability: Hours per week: _____ Hours per month _____ Special Projects Only: _____

Type of work that you would like: (Check all that apply)

Classroom Office Sports Band Art Parties

Special events Bus Monitor Mentor Library Special Education Book Fair

Field Trips PTA/PTO Vol. Coordinator Read to Student Tutor

After school programs Parents/G-parents Day Festivals/Carnivals

Newsletters Clubs: List: _____

Sports:

Baseball Basketball Football Soccer

Track T-ball Cross Country Cheerleading

Volleyball Golf Tennis Dance

Little League Boy/Girl Scouts 4H Other: _____

Volunteer hours you prefer: During School After Hours Home Based

Which day(s) and time do you prefer: M T W Th F Times: _____

Have you had a crime check made in the Barren County School District? Yes No

Conditions of commitment: As a volunteer I agree to:

◆ Submit to a crime check, attend orientation training, abide by all school rules and Board Education policies.

◆ Honor my commitment to volunteer as scheduled and notify when I can't volunteer

◆ Abide by the rules of confidentiality and moral ethics.

Signature: _____ Date: _____ / _____ / _____