APPLICATION FOR VOLUNTEERS

1. Name: _____

   Address: _____

   Telephone: _____

   E-mail: _____

2. At which campus(es) are you interested in volunteering?

   ___ PNG High School
   ___ Port Neches Middle School
   ___ Groves Middle School
   ___ Port Neches Elementary School
   ___ Van Buren Elementary School
   ___ Groves Elementary School
   ___ Ridgewood Elementary School
   ___ Taft Elementary School
   ___ Woodcrest Elementary School
   ___ West Groves Early Learning Center

3. What days of the week and times will you typically be available to volunteer? Please circle the day or days you are available: M T W Th F

   Please indicate the times you are available between 7:30 a.m. and 4:30 p.m.: _____.

4. What kind of volunteer work would you prefer?

   ___ Assist teachers with in-class projects and assignments
   ___ Mentor/tutor students one on one or in small groups
   ___ Read to/with students
   ___ Monitor cafeteria during mealtimes
   ___ Assist with field trips
   ___ Serve on District or campus committees
   ____ (Other): _____

5. Background and experience:

   Education: _____

   Special skills: _____

   Work or other relevant experience: _____

_____
Signature

_____
Date

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

(CONFIDENTIAL*)

I authorize the Port Neches Groves School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency, criminal justice agency, or consumer reporting agency, and use the information only for the purpose of evaluating my application to volunteer in the District.

Full name *(print)*:_____

Date of birth: _____

Driver's license number: _____

Mailing address: _____

Sex: ___ Male ___ Female

Ethnicity: ___ Asian/Pacific Islander ___ Black ___ Hispanic ___ Native American
___ White ___ Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position but will be used solely for the purpose of obtaining criminal history record information.

_____
Signature

_____
Date

*This form will be removed from the application and filed separately in the office of the Assistant Superintenden for Administrative Services.

APPROVAL OF VOLUNTEERS

This is to verify that _____ *(volunteer's name)* is eligible for assignment as a volunteer. I have provided *(him) (her)* with an orientation to the procedures of the campus. Their driver's license has been successful run through our campus Raptor system.

Date application received: _____

Date interviewed (if applicable): _____

Criminal history record reviewed:

☐ Yes, date: _____

☐ No, the volunteer falls under the following exception:

- ☐ Parent, guardian, or grandparent of a student enrolled in the District
- ☐ Volunteer accompanied by a District employee while on campus
- ☐ Volunteering for a single event on campus

Comments: _____

_____

_____

Assignment: _____

_____

_____

_____
Principal's Signature

_____
Date

_____
Administration's Signature (if applicable)

_____
Date