

**COVINGTON INDEPENDENT PUBLIC SCHOOLS
VOLUNTEER APPLICATION**

PLEASE PRINT OR TYPE—FORM WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE

Volunteer Site: _____ Principal/Director Signature _____

PERSONAL INFORMATION:

Name _____

Maiden Name (if applicable) _____

Street Address City State Zip _____

Home Phone: _____ Date of Birth: _____ Social Security No.: _____

Do you have children enrolled in Covington schools? ____ Yes ____ No

VOLUNTEER POSITIONS: (Check your volunteer preference from the following categories.)

____ Tutor (check preferences below)

____ Classroom Assistant ____ Office Assistant ____ Library Assistant ____ Chaperone: Field Trip

____ Monitor: Playground/Lunchroom/Hall ____ Enrichment Resource Provider - Shares special skills on an as needed basis. Content Area(s) - Indicate your areas of expertise where you would be willing to speak or make a demonstration to a class, club or special program (i.e., related to your career, job shadowing, hobbies, sports): _____

VOLUNTEER PREFERENCES:

Grade Level: ____ Pre-K ____ K-3 ____ 4-6 ____ 7-8 ____ 9-12 ____ Adult

Subject Areas: ____ Reading ____ Math ____ Science ____ English ____ Social Studies
____ Foreign Language (specify) _____ Other _____

Availability:

	Morning	Afternoon	After 4 p.m. (Adult tutoring only)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

A police records check will be conducted. Your signature below authorizes Covington Independent Public Schools to make this contact.

Statement of Commitment:

As a volunteer working with Covington students, I agree to:

Attend orientation or training sessions that may be necessary to help me in my volunteer position.

Abide by all school rules and Board of Education policies that apply to me.

Honor the commitment to work as scheduled. If I must be absent from a scheduled commitment, I will notify the appropriate person in advance.

Applicant's Signature: _____ Date: _____

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