

Volunteer Application Form

Name _____ Phone _____

Address _____

Please list phone numbers where you may be reached during the day _____

Level of education completed: _____High School/GED _____ Some College _____College Degree

Do you have children or relatives at this school? _____ Please list names below or continue on back.

Child's Name _____ Teacher _____

Child's Name _____ Teacher _____

Child's Name _____ Teacher _____

Relatives _____

Have you volunteered before? _____ Name of School _____

List skills or training such as typing or clerical or others? _____

Please check areas you would be willing to volunteer.

_____ Classroom Helper

_____ Resource Person (arts, crafts, field trips, clubs)

_____ Library Helper

_____ Secretarial and Clerical Helper

_____ Custodian Helper

_____ Tutor (reading, individual help to students)

_____ Kitchen Helper

_____ Lunchroom Monitor

Please list the days and time you are able to volunteer. _____

A member of the Logan County Schools staff has interviewed me and has discussed the guidelines of becoming a volunteer. I have received a copy of the guidelines and understand them.

I understand that as a volunteer I will respect Logan County School System's rules and regulations. I will sign in upon my arrival to the school and sign out at my departure.

Confidentiality is very important for volunteers to understand and maintain while participating in the school system.

Confidentiality has been discussed, and I will not discuss anything I may see or hear with anyone other than the Principal, teacher or administrator.

Interviewer

Date

Volunteer Signature

Date

Review/Revised:8/14/01