

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:

\_\_\_\_\_ Print 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:	<u>Morning</u>	<u>Afternoon</u>	<u>After 4 PM</u> (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. **If you have been convicted of a felony, please explain on a separate sheet of paper and submit with this application. The Superintendent may also require such a volunteer to provide a letter from the Cabinet for Health and Family Services stating that there are no findings of substantiated child abuse or neglect on record.**

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: \_\_\_\_\_

Thank you for your willingness to share your time and talent.

**FOR OFFICE USE ONLY**