



# South Lane School District 45J3

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name \_\_\_\_\_ Room/Grade \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you volunteered at this school before? Yes \_\_\_\_\_ No \_\_\_\_\_

Interests/Special Training: \_\_\_\_\_

Type of Volunteer Work you would prefer:

Classroom \_\_\_\_\_ Clerical \_\_\_\_\_ Library \_\_\_\_\_ Field Trips \_\_\_\_\_

All School Functions \_\_\_\_\_ Special Projects \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Times Available for Volunteer Work

	Mon	Tues	Wed	Thur	Fri
Morn.					
After.					
Even.					

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to maintain a professional attitude; respect the confidentiality of all information and activities related to students and all others in the building. If for any reason I am unable to be at my volunteer job, I will contact the staff member I am working for. If I run into a situation I am uncomfortable with; I agree to talk with a staff member, principal or building coordinator. I agree to abide by district policies regarding smoking, profanity, discipline and the promotion of personal religious doctrine.

(I understand that I, as the volunteer, need to talk with event organizers and let them know of any physical limitations that would prevent me from participating in certain aspects of the activity. In the event that I need medical/dental treatment, I authorize the district to make proper medical judgments on my behalf as needed due to an injury or illness. I understand that I will be responsible for all expenses, doctor and hospital and/or clinic that may be incurred for all related treatments to include prescription of medication. I also understand that any advisor or the school they represent who is involved in making medical decisions will not be held liable in any respect. I, for myself, and on behalf of my heirs, executors, administrators, successors or the delegates, hereby release and forever discharge South Lane School District from any and all demands or claims, known or unknown, that I have or may have against South Lane School District and its staff or employees.)

I understand and agree to the above.

Sign \_\_\_\_\_ Date \_\_\_\_\_

In addition to the district application you must complete the following:

Submit form [581-2281-N](#) page 1 followed by the corresponding form 581-2282-M form linked below:

[581-2282-M](#) (English)

[581-2282-M](#) (Spanish Version)

If these links do not work check the following website for updated forms:

<https://www.oregon.gov/ode/schools-and-districts/ptf/pages/volunteer-background-check.aspx>