



Office Use Only

Received by: _____ Date: _____

Approved by: _____ Date: _____

Searcy School District

VOLUNTEER APPLICATION

Name: _____ (_____)
Last First Middle Maiden

Address: _____
Street City ZIP Home/Cell Phone

E-Mail Address (home): _____ (office): _____

Occupation: _____
Employer Position Work Phone

Special Skills and Interests: _____

Volunteer Experience: _____

Have you ever been convicted of, or are you currently being charged with a felony? _____

Birth Date: ____/____/____ Driver's License # _____ State of Issue: _____

Do you have children in Searcy School District? _____

If yes, please list school(s) _____

Types of Volunteer Work Preferred:

Student Support/Assistance

- Assist in Classroom
- Tutor
- Media Center/Library
- Clerical Work

Student Club/ Activities

- Athletics
- Band/Music
- Drama
- Chaperone

Other

Specify: _____

Preferred School Placement and Grade Level: _____

Availability: Please indicate all times you are available to volunteer.

Monday

- Morning
- Afternoon
- After School
- Evening

Tuesday

- Morning
- Afternoon
- After School
- Evening

Wednesday

- Morning
- Afternoon
- After School
- Evening

Thursday

- Morning
- Afternoon
- Afternoon
- Evening

Friday

- Morning
- Afternoon
- Afternoon
- Evening

How often can you volunteer? (Please choose one)

- Daily
- Once Per Week
- Twice Per Week
- Occasionally
- Once Per Month
- Twice Per Month
- To Be Determined

I understand that by signing this document, the Searcy School District is authorized to conduct background checks to determine my volunteer placement eligibility. Should I be called to volunteer, I give my permission to conduct investigation necessary to verify all information identified on this form.

Signature: _____ Date: _____