



Kettering City Schools Volunteer Program



Volunteer Candidate Name _____

Dear Potential Volunteer,

Thank you for your interest in providing a superior learning experience for our students! To help ensure the safety and security of our students, staff, and you, please take a minute to fill out the application.

Address _____ County _____ Zip _____

Telephone _____ Cell phone _____

E-mail _____

Student(s) Name _____

Grade _____ Preschool _____ (AM or PM) _____ Kindergarten _____

Teacher(s) _____

Multi-Lingual Skills: Please indicate any foreign language(s) in which you are fluent and would be willing to provide assistance to students who do not speak English

Areas of Expertise: Occasionally, teachers within the district will request volunteers with expertise in specific academic, career, and/or hobby fields. Please list any specialty areas in which you would be willing to help.

In an endeavor to make our schools as safe as possible for the students, volunteers, and staff, each academic volunteer is asked to provide this information before being placed.

In case I have an emergency while I am at school, please contact:

(Name of emergency contact)

(Phone number of emergency contact)

As an academic volunteer with the Kettering City Schools, I agree that I will adhere to the following standards:

1. I have not been convicted of or plead guilty to any criminal offense listed in BOE policy 3120.09.
(Attached) All volunteers may be background-checked.
2. I will abide by the policies and procedures as determined by the teacher and principal of the school building I am volunteering to ensure a safe environment for the students and staff.

Signature

Date

If you have questions about standard 1, please call the Human Capital Department at the Kettering Board of Education at (937) 499-1426.

Administrator/Supervisor's Signature: _____

Building: _____

Date: _____

The online application must ALSO be completed at:

<https://bib.com/SECUREVOLUNTEER/KETTERING-CITY-SCHOOL-DISTRICT/>