

To be completed by applicant and to be approved by the building administrator or program manager



## Volunteer Application Form

Name \_\_\_\_\_ Student name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work/cellular) \_\_\_\_\_  
E-mail (optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Do you require any special accommodations in a work environment? Yes No  
If yes, please describe. \_\_\_\_\_

***Please indicate what type of volunteer opportunity you are seeking:***

- Overnight Field trip Chaperone\*
- Academic assistance (i.e. one-to-one tutor, small group support, classroom assistance)
- Curriculum enrichment (i.e. drama, arts & crafts, music)
- Working with Special Populations (i.e. Special Education, English as a Second Language, gifted students)
- Clerical / Non Academic Support (i.e. lunchroom or playground supervision, office support, library support)
- Administrative
- Coaches of athletic middle and high school must be fingerprinted according to Board policy
- Paid Activity Instructor**

In order to make an effective match for you, it is important for us to know of any special skills or talents you would like to bring to your volunteer work. If so, please describe.  
(Use reverse side if needed):

Is there a particular classroom, project or department you are interested in supporting? If so, please indicate: \_\_\_\_\_

Please indicate what days and times you have available:	<i>Volunteer purpose:</i>
Day (or days) _____	<input type="checkbox"/> community organization
Optimal time _____	<input type="checkbox"/> academic requirement

**Please submit this form to the school/department where it will be kept on file.**

*I understand that before I am allowed to volunteer in a school, that I must fill out a SPS Screening form Request for Criminal History Information and that a background check will be performed by Seattle Public Schools. I also understand that volunteering at a school or in a program with students, is a privilege and that the Building Principal or Program Manager can end a person's ability to volunteer at any time.*

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

\* All volunteer chaperones participating in overnight field trips must provide verification of two years continuous residence to their volunteer coordinator (DL, insurance doc., property tax statement, employment...).