

# Volunteer Application

## 2010-2011 School Year

PLEASE TYPE OR PRINT IN BLACK INK – ALL SECTIONS MUST BE COMPLETED

### Contact and Basic Information

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

License No.: \_\_\_\_\_

Date of Volunteer's Availability: \_\_\_\_\_

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

Event: \_\_\_\_\_

*(if applicable; examples may include field trip, site, etc.)*

Child's Name: \_\_\_\_\_

*(if applicable)*

Age *(please mark)*:       Under 21       21-55       56 and Older

Gender *(please mark)*:       Male       Female

### References

Please list two people who know you well and can attest to your character, skills and dependability. Former employers are preferred. References should not be relatives. By supplying this information, you grant us permission to contact the individuals listed.

Name	Position	Telephone number (required)
1.		
2.		

## Background Information

	YES	NO
Have you ever been employed by the Charleston County School District? (If yes, when?)		
Have you ever been dismissed or asked to resign from CCSD or another employer?		
Have you been <b>convicted</b> of a criminal offense? (If yes, when?)		
Have you ever had a driving violation? (If yes, when?)		

## Volunteer Opportunities

*Please check all opportunities which interest you:*

- |  |  |
|--|--|
| <input type="checkbox"/> Providing One-on-one Mentoring                      | <input type="checkbox"/> Group Mentoring                             |
| <input type="checkbox"/> Being a Career Advocate                             | <input type="checkbox"/> Serving as a Lunch Buddy                    |
| <input type="checkbox"/> Providing During School Academic Tutoring           | <input type="checkbox"/> Coaching                                    |
| <input type="checkbox"/> Assisting with Technology (Computers)               | <input type="checkbox"/> Being a Classroom Speaker                   |
| <input type="checkbox"/> Assisting the Teacher in a Classroom                | <input type="checkbox"/> Reading to a Class                          |
| <input type="checkbox"/> Providing After-school Academic/Homework Assistance | <input type="checkbox"/> Helping in Clinic or Attendance/Main Office |
| <input type="checkbox"/> Assisting with Special Events                       | <input type="checkbox"/> Other _____                                 |

## Time Commitment & Availability

Approximate Number of Hours Available Each Week: \_\_\_\_\_ Hours

Day(s) Available:     Monday             Tuesday             Wednesday  
                                   Thursday             Friday                 Weekends

Time Preference:     Morning             Afternoon             Evenings

## Emergency Contact Information

In case of an emergency, notify:

\_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Signature

My signature below certifies that I understand that if I misrepresent or omit any information as requested on this volunteer application and/or during the processing, such misconduct is cause for forfeiture of volunteer consideration and/or termination of volunteer opportunity. I herewith authorize Charleston County School District to request and receive confidential release of documentary materials relating to me, regardless of physical form or characteristics, prepared, owned, used, in the possession of, or retained by (1) educational institution I have attended, (2) previous employers of mine, and (3) city, county, state and federal law enforcement authorities. Conviction of a felony is not an automatic bar for volunteer consideration. The district will consider the nature and date of the offense. If you are concerned about a previous problem, please inform the school district.

I grant permission to Charleston County School District to check with appropriate authorities and run a criminal background check. As a volunteer, I understand that information about a student may be shared with me. I understand that any information about a student is not to be discussed with anyone other than the teacher or other staff members actually responsible for the education of the student.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_