



STUDENT VOLUNTEER APPLICATION

(17 years of age and under)

As a volunteer, I agree to abide by the policies of the St. Louis Public Schools and I confirm that all my answers to the questions in the application are accurate and complete. I understand that the acceptance of my volunteer services is contingent upon the accuracy, completeness, and acceptability of the information furnished. Permission is granted to the St. Louis Board of Education to verify all statements in this application. This permission includes the review of character references, and I understand that my services may be rejected by the St. Louis Board of Education.

I understand that this information will be treated confidentially. I have read the above statement and accept the same as a condition of volunteering by the St. Louis Board of Education.

_____ **Signature** _____ **Date** _____

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(Please print)

SCHOOL: _____ **PROGRAM:** _____
(Indicate which school you would like to serve)

NAME: _____ **GRADE:** _____

Address: _____ *(street)*
_____ *(city)* _____ *(state and zip)*

PHONE #: *(home)* _____ *(work)* _____

EMAIL: _____

DATE OF BIRTH ____/____/____

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EMERGENCY CONTACT:

Name: _____ **Phone:** _____

Relationship to you: _____

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REFERENCES:

Provide a CHARACTER REFERENCE FORM (included in this packet) by a person who knows you and is willing to attest to your good character.

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VOLUNTEER OPPORTUNITIES:

(Indicate which service/s you would like to provide.)

- | | | |
|---|--|--|
| <input type="checkbox"/> After school program | <input type="checkbox"/> Bilingual tutor | <input type="checkbox"/> Classroom assistant |
| <input type="checkbox"/> Field trip chaperone | <input type="checkbox"/> Arts/craft | <input type="checkbox"/> Chess |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Music | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Science | <input type="checkbox"/> Sports | <input type="checkbox"/> Oasis tutor |
| <input type="checkbox"/> Gym/playground assistant | <input type="checkbox"/> Lunchroom assistant | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Library assistant | <input type="checkbox"/> Summer school assistant | |

Other *(please list)* _____

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Check (✓) the days of the week and time you expect to be available:

MON_____ TUES_____ WED_____ THURS_____ FRI_____

Times of the day you can be available: A.M._____ P.M._____

Indicate grade level preference: _____ Kdg.-5 _____ 6-8 _____ 9-12

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VOLUNTEER APPLICATION CHECKLIST

Please make sure that your application is filled out completely:

- | | |
|--|--|
| <input type="checkbox"/> Signature and date on application | <input type="checkbox"/> Person to notify in case of emergency |
| <input type="checkbox"/> Program (organization or agency you are representing) | <input type="checkbox"/> School where you want to volunteer |
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Times and days that you can volunteer |
| <input type="checkbox"/> Grade level you prefer | |
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The St. Louis Board of Education does not discriminate on the basis of race, color, national origin, sex, age, religion, veteran status, creed ancestry, sexual orientation, or disability in the admission of access to its programs and activities. Inquiries regarding compliance with Title VII, Title IX, ADEA, Section 504 of the Rehabilitation Act, The Missouri Human Rights Act, or ADA should be directed to the Human Resource Office, 801 North 11th Street, St. Louis, MO 63101-1015.

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RETURN APPLICATION TO:
*St. Louis Public Schools
Office of Institutional Advancement
ATTN: Volunteer Services
801 North 11th Street
St. Louis, MO 63101-1015
(314) 345-4581 - FAX*