



RYONNEL JACKSON  
Director of Volunteer and Mentoring Services

## Volunteer Services Application Checklist

Please check each application for the following:

- **Application:**

- \_\_\_\_\_ School in which person wishes to work (if known)
- \_\_\_\_\_ Organization Name
- \_\_\_\_\_ Address, zip code, phone and email address
- \_\_\_\_\_ Social security number
- \_\_\_\_\_ Date of birth
- \_\_\_\_\_ Person to notify in case of emergency
- \_\_\_\_\_ Signature and date on application

- **Character Reference:**

\_\_\_\_\_ MINIMUM one letter of reference filled out and returned with the application

- **Request For Child Abuse or Neglect / Criminal Record:**

- \_\_\_\_\_ Person's name, address
- \_\_\_\_\_ Social security number
- \_\_\_\_\_ Date and state of birth
- \_\_\_\_\_ Signature and date

**Return applications to:**

St. Louis Public Schools  
Office of Institutional Advancement  
ATTN: Volunteer Services  
801 N. 11<sup>th</sup> Street  
St. Louis, MO 63101  
Fax: (314) 345-4581

**Thank you!!**