

ADULT VOLUNTEER APPLICATION

(18 years of age and over)

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 information from databases including Departments of Corrections, court administrations, law enforcement agencies and the Missouri Division of Family Services. In the event that there is an unfavorable response from any of these, I understand that my services may be rejected by the St. Louis Board of Education.

I understand that my status as a volunteer does not allow me to perform research in the schools. Research includes access to privileged or confidential information about staff, student records, or gathering statistical data, interviewing students, administering surveys or taking part in other data collection activities in the schools.

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
•••••	(Please print clearly)	•••••
SCHOOL:		
Program / Agency / Organization	/ Church:	
NAME:		
ADDRESS:		(street)
		(city)
	(work)	
EMAIL:		

EMERGENCY CONTACT:

Name:Relationship to you:	
	s) enrolled in SLPS?YesNoSibling Other
	ey attend?
◆ Have you volunteered with Some of the Some	LPS in the past? School
◆ Education completed:○ High School	-
o College	-
o PhD	
re you aware of any adverse finding	gs in the criminal background check?YN
ervices?YN	ndings of abuse or neglect by the Division of Famil
rovida ONE VOI UNTEED DEED	RENCE FORM. Please have the form completed by
	character. (Return it with your application.)

VOLUNTEER OPPORTUNITIES:

Indicate grade level preference:	_ Kdg5 6-8 9-12
Indicate which service/s	s you would like to provide:
After school program	Science
Clerical/Office Assistant	Sports
Playground Assistant	Art/Craft
Library Assistant	Music
Classroom Assistant	Drama
Fieldtrip Chaperone	Chess
Bilingual Tutor	Photography
Mentor	Other
Tutor (Subject:)	

Mark the days of the week and times you can volunteer:

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Time of the day when you are available		AM	AM PM	AM PM	AM

VOLUNTEER APPLICATION CHECKLIST

Prior to returning applications to Volunteer Services, please check for the following:

✓	ON THE APPLICATION					
	School in which you wish to work (if known) Person's name, address, zip code, phone, and email address					
	Social security number Date of birth Emergency contact info					
	Signature and date on application					
✓	FOR CHARACTER REFERENCES					
	One character reference (return with the application)					
✓	ON THE REQUEST FOR CHILD ABUSE AND NEGLECT/CRIMINAL RECORD					
	Name and address Social security number Date and state of birth					
	Signature and date					
	* <u>Disregard all fees</u> . SLPS will incur for the cost background check.					
Signat	ture Date					
veteran Inquirie	Louis Board of Education does not discriminate on the basis of race, color, national origin, sex, age, religion status, creed ancestry, sexual orientation, or disability in the admission of access to its programs and activities regarding compliance with Title VII, Title IX, ADEA, Section 504 of the Rehabilitation Act, The Missouri Human Act, or ADA should be directed to the Human Resource Office, 801 North 11 th Street, St. Louis, MO 63101-1015.					
Thank Your a	you! assistance in reviewing the application helps to ensure a speedy response.					

RETURN TO:

St. Louis Public Schools
Office of Institutional Services
ATTN: Volunteer Services
801 North 11th Street
St. Louis, MO 63101-1015