



# 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)*  
\_\_\_\_\_ *(state/ zip)*

PHONE/S: *(home)* \_\_\_\_\_ *(work)* \_\_\_\_\_

EMAIL: \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

I currently have a child enrolled in St. Louis Public Schools \_\_\_\_Y \_\_\_\_N

**EMERGENCY CONTACT:**

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

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_



- ◆ Are you related to a student(s) enrolled in SLPS? \_\_\_\_Yes \_\_\_\_No
  - Grandparent \_\_\_\_\_ Sibling \_\_\_\_\_ Other \_\_\_\_\_
  - What school(s) do they attend? \_\_\_\_\_
- ◆ Have you volunteered with SLPS in the past?
  - If yes: Year/s \_\_\_\_\_ School \_\_\_\_\_
- ◆ Education completed:
  - High School \_\_\_\_\_
  - College \_\_\_\_\_
  - PhD \_\_\_\_\_
- ◆ Work experience:
  - Position/s \_\_\_\_\_



Are you aware of any adverse findings in the criminal background check? \_\_\_\_Y \_\_\_\_N

If so, please explain: \_\_\_\_\_



Are you aware of any adverse findings of abuse or neglect by the Division of Family Services? \_\_\_\_Y \_\_\_\_N

If so, please explain: \_\_\_\_\_



Provide ONE VOLUNTEER REFERENCE FORM. Please have the form completed by a person who can attest to your good character. **(Return it with your application.)**



**VOLUNTEER OPPORTUNITIES:**

**Indicate grade level preference:** \_\_\_\_\_ Kdg.-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-12

**Indicate which service/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
<b>Time of the day when you are available</b>	_____ AM	_____ AM	_____ AM	_____ AM	_____ AM
	_____ PM	_____ PM	_____ PM	_____ PM	_____ PM

