



# ADULT VOLUNTEER RENEWAL APPLICATION

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 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)*

SCHOOL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

NAME: \_\_\_\_\_

I currently have a child enrolled in St. Louis Public Schools \_\_\_\_ Y \_\_\_\_ N

Address: \_\_\_\_\_ (street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state and zip)

PHONE #: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

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

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**EMERGENCY CONTACT:**

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

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

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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 11<sup>th</sup> Street, St. Louis, MO 63101-1015.*

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**\*\*\*NOTE:** Please be sure to separately complete the Child Abuse and Neglect form. Please do NOT send payment for a background check as those fees are at the expense of SLPS. Your assistance in reviewing the application thoroughly helps to ensure a speedy response. Thank you!

**RETURN TO:**

*St. Louis Public Schools  
Office of Institutional Advancement  
ATTN: Volunteer Services  
801 North 11<sup>th</sup> Street  
St. Louis, MO 63101-1015*