

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:		
PHONE/S: (home) (work)		
EMAIL:		
SSN DATE OF BIRTH	//	
I currently have a child enrolled in St. Louis Public SchoolsY	N	

# **EMERGENCY CONTACT**:

Relationship to you:	_ Phone:		
			• • • •
<ul> <li>Are you related to a student(s) enrolled in SLP         <ul> <li>Grandparent Sibling</li> </ul> </li> </ul>			
• What school(s) do they attend?			
<ul> <li>Have you volunteered in SLPS in the past?</li> <li>o If yes: Year/s Sch</li> </ul>	ool		
<ul> <li>Education completed:</li> <li>O High School</li> </ul>			
• College			
• PhD			
<ul> <li>Position/s</li> </ul>			
e you aware of any adverse findings in the criminal	background check?		N
re you aware of any adverse findings in the criminal f so, please explain: re you aware of any adverse findings of abuse or neg rvices?YN f so, please explain:	background check?	of Family	N
e you aware of any adverse findings in the criminal f so, please explain: e you aware of any adverse findings of abuse or neg rvices?YN	background check?	of Family	N

## **VOLUNTEER OPPORTUNITIES:**

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

### Mark the days of the week and time you can volunteer:

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

### VOLUNTEER APPLICATION CHECKLIST

Prior to returning applications to the 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

\* Disregard the fee. SLPS will pay for the background check.

Signature

Date

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 Officer, 801 North 11<sup>th</sup> Street, St. Louis, MO 63101-1015.

Thank you! Your assistance in reviewing the application helps to ensure a speedy response.

#### **RETURN TO:**

St. Louis Public Schools Office of Volunteer Services 801 North 11<sup>th</sup> Street St. Louis, MO 63101-1015 (314)345-4581 – FAX (314)345-4477- PH