



**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

**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

\* **Disregard all fees.** SLPS will incur for the cost background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**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  
(314)345-4581 – FAX*