

BETHANY PUBLIC SCHOOLS
SCHOOL VOLUNTEER APPLICATION

2013-2014
(Please Print)

NAME _____ DATE _____
First Name Last Name

ADDRESS _____
Street City Zip Code

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL _____ EMERGENCY CONTACT _____
Name and Phone Number

CHILDREN'S NAMES AND CURRENT GRADES _____

EDUCATION: High School _____ College _____ Degree _____ Foreign Language? _____ Speak _____ Write _____

SPECIAL TRAINING _____

TEACHING EXPERIENCE _____

YOUR VOLUNTEER EXPERIENCE

TYPE OF SERVICE _____ ORGANIZATION _____

INTERESTS/HOBBIES _____

Would you be willing to share these in a classroom as a resource person? Yes _____ No _____

PREFERENCES

Please express your preference, checking as many items as you wish:

(1) Grades Preferred: Pre-K _____ Kindergarten _____ 1-5 _____ Middle School _____ High School _____

(2) Do you prefer to work with individual children (1 to 1) _____ Small Group _____

(3) TYPES OF SERVICE PREFERRED: (Check one or several)

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Music | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Book Mending |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Drama | <input type="checkbox"/> Gifted Program | <input type="checkbox"/> Lib/Media Center |
| <input type="checkbox"/> Reading/Tutor | <input type="checkbox"/> P.E. | <input type="checkbox"/> Special Education | <input type="checkbox"/> School Clinic |
| <input type="checkbox"/> Math Tutor | <input type="checkbox"/> Art | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Typing/Clerical |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Costumes/Puppetry | <input type="checkbox"/> Field Trips |

(4) AVAILABLE TIMES: (Be Specific) _____ a.m. to _____ a.m. and/or _____ p.m. to _____ p.m.

(5) AVAILABLE DAYS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

(6) Other area/areas you would like to serve _____

Do you have any health problems that would limit your ability to perform as a volunteer in any specific area?
Yes _____ No _____

If yes, please explain. _____

Have you ever been charged with, plead guilty or no contest to, or been convicted of any criminal offense other than a minor traffic offense? Yes _____ No _____

I understand that if I become a volunteer in the Bethany Public School System I am expected to follow the procedures and guidelines established by the individual schools and the Board of Education. I also understand that by submitting this application I am subject to a background check. I agree and consent for such background check and investigation to be conducted, if deemed necessary, and agree to hold the school system and all officials, representatives, and employees of the forgoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence, and similar claims as a result of information obtained from such background check and investigation. My presence on any Bethany School campus as a volunteer is an indication that I believe myself to be medically and emotionally fit to serve as a volunteer in the Bethany Public School district.

I also certify that I do **not** have to register as a sex offender, pursuant to Title 57, Sections 581-587 of the Oklahoma Statutes.

Date of Birth (To Be Used for Background Check) _____

Social Security Number (**MUST HAVE** for Background Check) _____

Signature _____ Date _____
Name of Volunteer