RANDOLPH COUNTY SCHOOLS

**CONTINUING VOLUNTEER APPLICATION**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applications must be submitted to the school and approved by the principal**

**Contact Information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name Middle Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Phone E-mail

**Relationship of volunteer to students:**

Parent/Guardian: \_\_\_\_\_ Family Member: \_\_\_\_\_ Community Member: \_\_\_\_\_

**Type of activities for which you wish to volunteer:**

Classroom Activities: \_\_\_\_\_ Special Events: \_\_\_\_\_ Special Projects: \_\_\_\_\_ Read Aloud Program: \_\_\_\_\_

**Parents/guardians and family members of students enrolled here must complete the chart below.**

|  |  |  |
| --- | --- | --- |
| **Name of Child** | **Grade of Child** | **Name of Child’s Teacher** |
|  |  |  |
|  |  |  |
|  |  |  |

**How often do you wish to volunteer?**

Weekly: \_\_\_\_\_ Every Other Week: \_\_\_\_\_ Monthly: \_\_\_\_\_ As Needed: \_\_\_\_\_

**When are you available to volunteer?** (Check all that apply.)

|  |  |
| --- | --- |
| Any time: \_\_\_\_\_ | As Needed: \_\_\_\_\_ |
| Monday A.M. \_\_\_\_\_ | Monday P.M. \_\_\_\_\_ |
| Tuesday A.M. \_\_\_\_\_ | Tuesday P.M. \_\_\_\_\_ |
| Wednesday A.M. \_\_\_\_\_ | Wednesday P.M. \_\_\_\_\_ |
| Thursday A.M. \_\_\_\_\_ | Thursday P.M. \_\_\_\_\_ |
| Friday A.M. \_\_\_\_\_ | Friday P.M. \_\_\_\_\_ |

VOLUNTEER COMMITMENT AND PROCEDURES

Confidentially: What you hear and observe about students, families, and staff while volunteering is confidential. Repeating a seemingly harmless comment can lead to misunderstandings and hurt feelings. Parents should never be in the Permanent Record Files or Emergency Care Forms.

Board policies and county guidelines: Volunteers must abide by policies and guidelines.

Supervision: Volunteers perform under the direction and supervision of school personnel. Volunteers should never be left in charge of children alone. Volunteers should never discipline the students.

Dress & Behavior: Volunteers must display appropriate behavior and appearances at all times.

Communication: If you are unable to make it to school when you are scheduled, please call the school.

**Do you have a criminal conviction record?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ \*If yes, attach explanation.

**By signing below, you certify that you have read and understand the provisions of being a volunteer.**

**Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Principal** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_