



# NORTH CLACKAMAS SCHOOL DISTRICT VOLUNTEER APPLICATION FORM

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Hours To Call \_\_\_\_\_ Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Hours To Call \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ School \_\_\_\_\_

Preferred grade level K-6 \_\_\_ 7-8 \_\_\_ 9-12 \_\_\_ Other \_\_\_\_\_

Per district policy/standard practice, in an effort to maintain a safe environment, a criminal history verification will be required for some volunteer activities.

Have you ever been convicted of a felony? YES \_\_\_ NO \_\_\_

If needed, I consent to a criminal history verification. \_\_\_\_\_

Applicant's Signature

### CHECK PREFERRED SUBJECT AREA BELOW:

- |   |   |
|---|---|
| <input type="checkbox"/> CLASSROOM              | <input type="checkbox"/> LUNCH SUPERVISION      |
| <input type="checkbox"/> READING                | <input type="checkbox"/> PLAYGROUND SUPERVISION |
| <input type="checkbox"/> MATH                   | <input type="checkbox"/> ARTS & CRAFTS          |
| <input type="checkbox"/> SCIENCE                | <input type="checkbox"/> LIBRARY                |
| <input type="checkbox"/> DRAMA                  | <input type="checkbox"/> OFFICE                 |
| <input type="checkbox"/> P.E.                   | <input type="checkbox"/> CLERICAL               |
| <input type="checkbox"/> GUARANTEED START       | <input type="checkbox"/> COUNSELING OFFICE      |
| <input type="checkbox"/> FOREIGN LANGUAGE _____ | <input type="checkbox"/> LUNCH BUDDY            |
| <input type="checkbox"/> INSTRUMENTAL MUSIC     | <input type="checkbox"/> FIELD TRIP DRIVER      |
| <input type="checkbox"/> VOCAL MUSIC            | <input type="checkbox"/> FIELD TRIP CHAPERONE   |
| <input type="checkbox"/> STUDENT ATTENDANCE     | <input type="checkbox"/> COACHING               |
| <input type="checkbox"/> RESOURCE CENTER        | <input type="checkbox"/> OTHER                  |
| <input type="checkbox"/> HOME ECONOMICS         |   |

Work/Volunteer experience relating to areas of volunteer interest: \_\_\_\_\_

Days and time available (list hours each day you could volunteer):

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

Can you volunteer: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Occasionally \_\_\_\_\_

How did you hear about the volunteer program?

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Radio/TV     | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Flyer  |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Local School |                                 |

## PERSONAL REFERENCES

List three personal references who are not related to you:

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

Address: \_\_\_\_\_ City-State Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ City-State Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ City-State Zip: \_\_\_\_\_

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## EMERGENCY INFORMATION

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: \_\_\_\_\_ Ph: (H) \_\_\_\_\_ Ph: (W) \_\_\_\_\_

Address: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical Insurance Coverage/Carrier: \_\_\_\_\_

Medical Insurance ID/Group Number: \_\_\_\_\_

Please list any medical information that would aid us in case of emergency (For example: bee sting allergy, epilepsy, drug allergy, medical alert bracelet.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## VOLUNTEER PLACEMENT

Date Approved \_\_\_\_\_ School/Program \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer placed as \_\_\_\_\_

Volunteer Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_