



**ST. LOUIS PUBLIC SCHOOLS
VOLUNTEER APPLICATION -- SINGLE EVENT**

EVENT: _____

SCHOOL: _____

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ (home) _____ (work)

EMAIL: _____

RELATED CHILD (if applicable): _____

Other than a traffic violation, have you ever been arrested, convicted, or charged for any reason by the police? _____ Yes _____ No

If yes, please explain: _____

Are you aware of an adverse finding of abuse or neglect by the Missouri Division of Family Services against you? _____ Yes _____ No

If yes, please explain: _____

Signature

School Authorization