



ADULT VOLUNTEER APPLICATION

(18 years of age and over)

As a volunteer, I agree to abide by the policies of the St. Louis Public Schools and I confirm that all my answers to the questions in the application are accurate and complete. I understand that the acceptance of my volunteer services is contingent upon the accuracy, completeness, and acceptability of the information furnished. Permission is granted to the St. Louis Board of Education to verify all statements in this application. This permission includes the review of character references, and information from databases including Departments of Corrections, court administrations, law enforcement agencies and the Missouri Division of Family Services. In the event that there is an unfavorable response from any of these, I understand that my services may be rejected by the St. Louis Board of Education.

I understand that my status as a volunteer does not allow me to perform research in the schools. Research includes access to privileged or confidential information about staff, student records, or gathering statistical data, interviewing students, administering surveys or taking part in other data collection activities in the schools.

I understand that this information will be treated confidentially. I have read the above statement and accept the same as a condition of volunteering by the St. Louis Board of Education.

Signature

Date

.....
(Please print clearly)

SCHOOL: _____

Program / Agency / Organization / Congregation: _____

NAME: _____

ADDRESS: _____ (street)

_____ (city)

_____ (state/ zip)

PHONE/S: (home) _____ (work/cell) _____

EMAIL: _____

SSN _____ - _____ - _____

DATE OF BIRTH ____/____/____

I currently have a child enrolled in St. Louis Public Schools ____Y ____N

EMERGENCY CONTACT:

Name: _____

Relationship to you: _____ Phone: _____

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- ◆ 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(s)_____
 - ◆ Education completed:
 - High School _____
 - College _____
 - PhD _____
 - ◆ Work experience:
 - Position/s _____
 - ◆ What faith congregation, if any, are you a member of? (Please use full name, not an abbreviation).

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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: _____

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Provide **ONE** VOLUNTEER REFERENCE FORM. Please have the form completed by someone 18 years or older who is NOT related to you and who can attest to your good character. **(Return it with your application.)**

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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
Time of the day when you are available	_____ 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 _____

The St. Louis Board of Education does not discriminate on the basis of race, color, national origin, sex, age, religion, veteran status, creed ancestry, sexual orientation, or disability in the admission of access to its programs and activities. Inquiries regarding compliance with Title VII, Title IX, ADEA, Section 504 of the Rehabilitation Act, The Missouri Human Rights Act, or ADA should be directed to the Human Resource Office, 801 North 11th Street, St. Louis, MO 63101-1015.

Thank you!

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

RETURN TO:

St. Louis Public Schools
Office of Institutional Services
ATTN: Volunteer Services
801 North 11th Street
St. Louis, MO 63101-1015