



Office Use Only	
Received by: _____	Date: _____
Approved by: _____	Date: _____

VOLUNTEER APPLICATION

Name: _____ (_____)
Last First Middle Maiden

Address: _____
Street City ZIP Home Phone

E-Mail Address (home): _____ (office): _____

Occupation: _____
Employer Position Work phone

Special Skills and Interest: _____

Volunteer Experience: _____

Have you ever been convicted of, or are you currently being charged with a felony? _____

Birth Date: ____/____/____ SS#: _____ Driver's License #: _____

Race: _____ Do you have child(ren) in Texarkana Arkansas Schools? _____

If yes, please list school(s): _____

Types of Volunteer Work Preferred:

Student Support/Assistance

- Assist in Classroom
- Classroom Speaker
- Home Projects
- Tutor
- Media Center/Library
- Clerical Work

Student Club/Activities

- Athletics
- Band/Music
- Drama
- Field Trip Chaperone
- Dances/Prom

Other

Specify: _____

Preferred School Placement and Grade Level: _____

Availability: Please indicate all times you are available to volunteer.

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> After School | <input type="checkbox"/> After School | <input type="checkbox"/> After School | <input type="checkbox"/> After School | <input type="checkbox"/> After School |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |

How often can you volunteer? (Please choose one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Once Per Week | <input type="checkbox"/> Twice Per Week |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Once Per Month | <input type="checkbox"/> Twice per Month |
| <input type="checkbox"/> To Be Determined | | |

I understand that by signing this document, the Texarkana Arkansas School District is authorized to conduct background checks to determine my volunteer placement eligibility. I give my permission to conduct investigation necessary to verify all information identified on this form.

Signature: _____ Date: _____