



Volunteer Registration Form 2018-2019

Legal Name _____

Last
First
Middle
Maiden

Birth Date _____

Home Address _____ How long at present address? _____

Street Number
City/State/Zip

Preferred Phone _____ Preferred Email _____

Emergency Contact _____

Name
Phone
Relationship

Place of Employment _____ How Long? _____ Occupation _____

Work Address _____ Work Phone _____

Education: Less than high school High school or GED Some college
 College degree _____ Advanced degree _____

Have you ever been convicted of, pleaded guilty or nolo contendere (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on diversion, or otherwise been found guilty of:

Any criminal or municipal violation? Yes No DUI/DWI Yes No
 Is your driver's license currently suspended? Yes No

Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? Yes No

If you answered yes to any of the questions above, please provide the date, description and explanation of each incident on additional paper.

Age group with which you would like to work: <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School				
Specific School: _____				
Volunteer Type Check all that apply.	Availability Indicate days and times available.			Volunteer Activity Check all interests.
<input type="checkbox"/> Parent of child attending this school Child's name: _____ <input type="checkbox"/> Business Volunteer Company Name: _____ <input type="checkbox"/> Student Volunteer School: _____ <input type="checkbox"/> Organization/Community/Church Name: _____	Morning	Afternoon	Evening	<input type="checkbox"/> Tutor <input type="checkbox"/> Mentor <input type="checkbox"/> Assist in Classroom <input type="checkbox"/> Room Parent <input type="checkbox"/> Parent Organization <input type="checkbox"/> School Activities <input type="checkbox"/> Help in Office <input type="checkbox"/> Site Council <input type="checkbox"/> Prepare Materials <input type="checkbox"/> Field Trip
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
Special Activity				

Please note: All volunteers must complete a registration form. This signed form entitles the volunteer to injury benefits by Wichita Public Schools and liability insurance while performing volunteer services (*Refer to Board Policy 2130*)

The original signed application is to be kept on file at the Volunteer/Partner Support Office at the Alvin E. Morris Administration Center so information can be included on the district volunteer database

You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified, and hereby consent to such verification. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that Wichita Public Schools and/or partnering agencies, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Signature _____ Date _____