

WICHITA PUBLIC SCHOOLS

2019-2020 VOLUNTEER REGISTRATION FORM

Thank you for your interest in supporting Wichita students by volunteering your time. Please complete the following information and submit it in one of the three (3) ways outlined below. Forms must be re-submitted annually, per Board of Education Policy 2125.

- **US Mail:** You can mail your form to the Volunteer & Partner Support office.
 - **Wichita Public Schools**
Volunteer & Partner Support
903 S. Edgemoor – Room 103
Wichita, KS 67218
- **Email:** You can email your form to cmoeder@usd259.net.
- **Inter-school mail:** You can take the form to the school you're interested in volunteering with and ask the office staff to place it in inter-school mail to **AMAC – Strategic Communications/Volunteer Support**.

First Name: _____ **Last Name:** _____

Date of birth: _____

Address: _____ **City/State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Place of Employment: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

What age group would you prefer working with (circle one):

Elementary School

Middle School

High School

At which school(s) would you like to volunteer: _____

Are you affiliated with a community organization? Yes _____ No _____
If yes, which one? _____

Have you ever been convicted of, plead guilty or nolo contend re (neither admitting or denying the charge to, or received a suspended imposition of sentence, been placed on diversion or otherwise found guilty of:

DUI/DWI	Yes	No
Any Criminal/Municipal Violations	Yes	No
Is your driver's license currently suspended?	Yes	No

**If you answered yes to any of those, please provide the date, description and explanation of each incident.*

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 the answer to the previous question is yes, please provide the date, description and explanation of the incident.*



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