

Chickasha Public Schools

Application for Volunteer Services

School Year: _____



I. VOLUNTEER INFORMATION

NAME: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

If you are related to a child or children in the school you wish to volunteer, please list below:

STUDENT NAME	RELATIONSHIP

II. PREFERRED ASSIGNMENT

School Preference: BWECC GRAND LINCOLN CMS CHS

Assignment Preference:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Assisting a teacher in the classroom | <input type="checkbox"/> Performing clerical tasks | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Working in the library | <input type="checkbox"/> Reading with students | <input type="checkbox"/> Test Monitor |
| <input type="checkbox"/> Other: _____ | | |

Please indicate days and times available to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Have you volunteered or do you currently volunteer at a CPS school other than the school where you are applying to volunteer today? Yes, Where _____ No

Are you requesting to volunteer in connection with another group or agency? Yes No

What organization? _____

III. EMERGENCY CONTACTS

Please list two people to notify in case of emergency.

Name	Phone	Relation to Applicant

IV. AFFIDAVIT OF CRIMINAL HISTORY

I understand that in order to volunteer my services to Chickasha Public Schools, prospective volunteers must disclose any history of criminal violations if they occurred after the employee or volunteer reached the age of 18 years old. Violations that occurred prior to the age of 18 years must be disclosed if they are public information.

I affirm that I have not been convicted in the State of Oklahoma, the United State or any other state of 1) any felony offense within the last ten(10) years, unless I have received a presidential or gubernatorial pardon, or 2) any sex offense subject to a Sex Offenders Registration Act, or 3) any offense subject to the Mary Rippe Violent Crime Registration Act.

INITIAL: _____

Background Checks – I understand that prior to serving as a Volunteer or at any time during my service as a Volunteer, the School District may conduct a background check on me for any reason. This background check may include obtaining a report from a reporting agency that may include information concerning my criminal history. By providing the information requested and signing below, I consent to the District conducting a background check.

INITIAL: _____

V. AGREEMENTS

1. I understand that Chickasha Public Schools reserves the right to reject any volunteer applicant with or without cause.
2. I agree to observe all Chickasha Public Schools policies, rules, and procedures.
3. I understand that volunteers will serve under the direct or limited supervision of a Chickasha Public Schools administrator or teacher.
4. I understand that principals, or their designees, may limit my volunteer activity or may dismiss me from volunteer service without providing a reason for denial or dismissal.
5. I understand and agree that any injury I may sustain while performing service as a Volunteer would NOT be covered by the School District’s Workers’ Compensation insurance and will be my responsibility.
6. I here by release all of the above state entities and their agents from any and all liability in connection with investigating or evaluating my application.
7. I have read and understood the above stated information within this release and am agreeing on my own free will.

I understand that by placing my initials and/or affixing my signature on this affidavit, I am acknowledging, to the best of my knowledge and belief that all information is accurate, true and correct.

Applicant Signature

Date

For School and Office Use Only:

Site(s) Assignment: BWECC GRAND LINCOLN CMS CHS

Background Check _____ Fingerprints _____ Other _____ (Initial When Completed)

Central office will keep the completed application, volunteer agreement, and background check(s). A copy of the volunteer application will be kept at school site(s) so contacts can be access if an emergency arises. A google document will be shared with each school site. Volunteers’ names will be added as background check are cleared. This will give each site a list of volunteers.

Principal Signature/ Date _____

Superintendent or Designee Signature/Date _____