

HELPING HANDS

VOLUNTEER APPLICATION FORM FOR _____ (SCHOOL)

SCHOOL/BUSINESS/COMMUNITY PARTNERSHIP - CHEROKEE COUNTY SCHOOLS

Name _____ Home Phone _____

Home Mailing Address _____ Cell Phone _____

Business/Organization Name _____ Position/Department _____

Business Mailing Address _____ Office Phone _____

WORK EXPERIENCE

Business Name/Address	Immediate Supervisor/Phone No.	Dates of Employment

PERSONAL REFERENCES

Name	Address	Phone No.

VOLUNTEER EXPERIENCE

Business/Organization/Address	Immediate Supervisor/Phone No.	Dates of Volunteer Service

I am able to commit 30 minutes to 1 hour per week during this school year to tutor a student in: Reading/Literacy Math

Day Preference: Monday Tuesday Wednesday Thursday Friday

Time Preference: Mornings from _____ to _____ Afternoons from _____ to _____

School(s) at which you prefer to work: _____

Supervisor at preferred school: _____

Preferred Grade: Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th – 12th

OTHER ACTIVITIES I WOULD LIKE TO HELP WITH:

- | | |
|---|---|
| <input type="checkbox"/> Gather resource material | <input type="checkbox"/> Share applications of technology with a classroom |
| <input type="checkbox"/> Assist with a special event | <input type="checkbox"/> Present science or math applications |
| <input type="checkbox"/> Typing, collating, copying | <input type="checkbox"/> Participate in current events discussion |
| <input type="checkbox"/> Provide career information/presentation to a class | <input type="checkbox"/> Open our business for class tours |
| <input type="checkbox"/> Conduct a special class about _____ | <input type="checkbox"/> Coaching Sport(s) _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> I have read the NCHSAA rules & regulations. AD _____ |

Must be signed and dated

1. I understand I must receive discrimination and harassment training before working with students and parents/guardians.
2. I will hold in confidence any information revealed to me pertaining to any student.
3. I will report any home or school concerns about a child to the principal or the child's teacher before I leave for the day.
4. I understand that I have a legal obligation to report any suspected abuse or neglect that is revealed to me by a child to the principal or designated person.
5. I will not contact a child off campus or remove him/her from the school at any time.
6. I will not accompany a child into the restroom.
7. I will call the school office as soon as I know when I have to be absent.
8. I have read the school handbook and will abide by the professional dress code.
9. I understand that a criminal record check will be conducted before I am allowed to volunteer.

I have not been convicted of a felony, and I have not been charged or convicted of any offense involving drugs, alcohol, child abuse, sexual deviation, or moral turpitude.

PRINT NAME

SIGNATURE

DATE