

COVINGTON INDEPENDENT PUBLIC SCHOOLS
VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE—FORM WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE

Volunteer Site: _____ **Principal/Director Signature** _____

PERSONAL INFORMATION:

Name _____ **Maiden Name (if applicable)** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone: _____ **Date of Birth:** _____ **Social Security No.:** _____

Do you have children enrolled in Covington schools? _____ Yes _____ No

VOLUNTEER POSITIONS: (Check your volunteer preference from the following categories.)

___ Mentor (check preferences below)

___ Tutor

___ Classroom Assistant ___ Office Assistant ___ Library Assistant ___ Chaperone: Field Trip

___ Monitor: Playground/Lunchroom/Hall

___ Enrichment Resource Provider - Shares special skills on an as needed basis. Content Area(s) - Indicate your areas of expertise where you would be willing to speak or make a demonstration to a class, club or special program (i.e., related to your career, job shadowing, hobbies, sports):

VOLUNTEER PREFERENCES:

Grade Level: _____ Pre-K _____ K-3 _____ 4-6 _____ 7-8 _____ 9-12 _____ Adult

Subject Areas: _____ Reading _____ Math _____ Science _____ English _____ Social Studies

_____ Foreign Language (specify) _____ Other _____

Availability: _____ Morning _____ Afternoon _____ After 4 PM (adult tutoring only)

Monday

Tuesday

Wednesday

Thursday

Friday

A police records check will be conducted. Your signature below authorizes Covington Independent Public Schools to make this contact. **If you have been convicted of a felony, please explain on a separate sheet of paper and submit with this application.** The Superintendent may also require such a volunteer to provide a letter from the Cabinet for Health and Family Services stating that there are no administrative findings of child abuse or neglect on record.

Statement of Commitment:

As a volunteer working with Covington students, I agree to:

Attend orientation or training sessions that may be necessary to help me in my volunteer position.

Abide by all school rules and Board of Education policies that apply to me.

Honor the commitment to work as scheduled. If I must be absent from a scheduled commitment, I will notify the appropriate person in advance.

Applicant's Signature: _____ **Date:** _____

Thank you for your willingness to share your time and talent.

FOR OFFICE USE ONLY