HALE AREA SCHOOLS

CHAPERONE/VOLUNTEER APPLICATION 2009-10

In an ongoing effort to protect our children, effective in the 2005-06 school year, all volunteers were required to complete this application. If you think you "may" want to volunteer at school throughout the year, please complete both sides and return this application to the school office ASAP!!

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Birth Date: _____ Telephone # _____

Student Names: _____

Have you ever been convicted of or paid a fine for any offense (including felonies, misdemeanors, or ordinance violations) or do you have any pending charges, other than minor traffic violations?
_____ Yes _____ No

If yes, list details below. Use separate sheet if necessary. (NOTE: Convictions are not an automatic bar to participation as a volunteer. Each case is considered on its own merit. A conviction not reported can be cause for rejection of an application or dismissal as a volunteer.

_____

_____

Have you ever been dismissed or asked to resign from any positions? _____ Yes _____ No

WAIVER OF APPLICANT: I understand that I may be required to provide fingerprints. I further understand and acknowledge that I am performing these hours of service for Hale Area Schools without promise, expectation, or receipt of compensation for these services. I authorize Hale Area Schools to make any inquiry or receive any information from any person or organization regarding my suitability as a volunteer and do hereby give permission to these persons or organizations to provide such information. For and in consideration of the release of such information, I hereby forever waive, release and covenant not to sue any such person or organization including Hale Area Schools, its agents and employees for the result of providing, obtaining, or acting on such information. I give this release, waiver, and covenant not to sue understanding that the information obtained may be such as to disqualify me from participation as a volunteer. I understand that such information is sought with confidentiality, and I will not request copies of such information. I also certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to disqualification from participation as a volunteer.

_____ _____

Signature of Applicant Date

-over-

VOLUNTEER NAME: _____

AREAS OF EXPERIENCE: _____

_____

_____

GRADE PREFERENCE: _____

DAYS/TIMES AVAILABLE:

_____ MONDAY	_____ TUESDAY	_____ WEDNESDAY
_____ THURSDAY	_____ FRIDAY	_____ ANY DAY

Below are volunteer opportunities that are available for you at our school. Please check the activities in which you would be most interested.

Classroom Support
_____ Help set up learning centers
_____ Gather materials for a teacher
_____ Help with science/social studies projects
_____ Help with other special projects
_____ Other_____

Creative
_____ Make bulletin boards
_____ Make instructional games
_____ Make puppets
_____ Make or borrow props for plays
_____ Demonstrate crafts
_____ Other

School-Wide Assistance
_____ Help with fundraiser
_____ Help with book fair
_____ Other

Working with One, or Just a Few
_____ Listen to a child read
_____ Help children select library books
_____ Help children at computer stations
_____ Conduct flash card drills
_____ Introduce a child to another language
_____ Drill spelling words
_____ Be a "lunch buddy"
_____ Other _____

Working with a Class
_____ Tell stories to children
_____ Assist students in music
_____ Play a musical instrument for students
_____ Other

School Activities
_____ Field Trip
_____ Class Trip
_____ Dances
_____ Coaching
_____ Other

PLEASE NOTE: TOBACCO, ALCOHOL, AND DRUG USE IS PROHIBITED ON ALL SCHOOL DISTRICT PROPERTY, INCLUDING WHEN A VOLUNTEER ATTENDS A SCHOOL-SPONSORED FIELD OR CLASS TRIP WITH SCHOOL PERSONNEL AND STUDENTS.