

BARREN COUNTY SCHOOLS VOLUNTEER APPLICATION FORM

(Please check each school where you wish to volunteer)

- Austin Tracy BCHS BCMS Eastern Hiseville North Jackson
 Park City Red Cross Temple Hill Trojan Academy Hillcrest Annex ALC/Day Treatment

Name _____ (_____) Phone: _____ Cell: _____
(Maiden)

Address: _____ City: _____ Zip: _____

Birthdate: _____ / _____ / _____ Social Security Number: _____ - _____ - _____
(Month) (Day) (Year)

Presently Employed? Yes No Name of Employer: _____

Do you have; Child(ren) Grandchild(ren) Foster Child(ren) No child(ren) in school?

Childs Name _____ School _____ Grade _____ Teacher _____

Childs Name _____ School _____ Grade _____ Teacher _____

Childs Name _____ School _____ Grade _____ Teacher _____

(List additional children on back of page)

Special Training: _____ Languages: _____

Skills, interests, hobbies: _____

Availability: Hours per week: _____ Hours per month _____ Special Projects Only: _____

Type of work that you would like: (Check all that apply)

- Classroom Office Sports Band Art Parties
 Special events Bus Monitor Mentor Library Special Education Book Fair
 Field Trips PTA/PTO Vol. Coordinator Read to Student Tutor
 After school programs Parents/G-parents Day Festivals/Carnivals
 Newsletters Clubs: List: _____

Sports:

- Baseball Basketball Football Soccer
 Track T-ball Cross Country Cheerleading
 Volleyball Golf Tennis Dance
 Little League Boy/Girl Scouts 4H Other: _____

Volunteer hours you prefer: During School After Hours Home Based

Which day(s) and time do you prefer: M T W Th F Times: _____

Have you had a crime check made in the Barren County School District? Yes No

Conditions of commitment: As a volunteer I agree to:

- ◆ **Submit to a crime check, attend orientation training, abide by all school rules and Board Education policies.**
- ◆ **Honor my commitment to volunteer as scheduled and notify when I can't volunteer**
- ◆ **Abide by the rules of confidentiality and moral ethics.**

Signature: _____ Date: _____ / _____ / _____