

Griffin-Spalding County School System Volunteer Application Form

(School name)

Last Name:	First Name:	M.I.:
Nickname or preferred name:		
Address:		
City:		
State/Zip:		
Home Phone:	Emergency Contact Person:	
Other Phone:	Phone Number:	
I am a: <input type="checkbox"/> Family member of student <input type="checkbox"/> High school student <input type="checkbox"/> College student <input type="checkbox"/> Community member <input type="checkbox"/> Retired Educator <input type="checkbox"/> Other: please specify		
I have a: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> 4-year college degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> None <input type="checkbox"/> Other		
I have children in the following grades: (if applicable) <input type="checkbox"/> Pre-K		
1 2 3 4 5 6 7 8 9 10 11 12		
My child(ren)'s teacher(s) and school(s) is/are:		
VOLUNTEER INFORMATION (check all that apply)		
What level do you prefer to volunteer with? <input type="checkbox"/> Pre-K		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
<input type="checkbox"/> Any Elementary <input type="checkbox"/> Any Middle <input type="checkbox"/> Any High <input type="checkbox"/> Does not matter		
When do you prefer to volunteer:		
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Lunch <input type="checkbox"/> After School		
How often do you prefer to volunteer:		
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally		

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ACADEMIC AND OTHER INFORMATION

I would like to help with:

Academics

I prefer to help with these subjects:

English Math Social Studies

Reading/Literature Science Physical Education

Foreign Language History Music Other _____

Reading Buddy

Mentor

Media Center

Special Projects/Day Events

Field Trips

PTA/PTO projects

Computer work (Website, Newsletters, etc.)

General classroom help with materials/displays

Office assistant

Other

REFERENCES

Please give at least 3 references. (Please do not use family or relatives.)

1. Name & Title:

Address:

Phone:

Relationship to Reference:

2. Name & Title:

Address:

Phone:

Relationship to Reference:

3. Name & Title:

Address:

Phone:

Relationship to Reference:

(Office use) _____ I have received satisfactory references and recommend this person to be a school volunteer. OR

_____ I do not recommend this person to volunteer at this time.

Signed _____ Principal

The Griffin-Spalding County School System promotes volunteers in our schools. The following information will help make your assistance a positive experience for you and our students.

- Please complete Volunteer Application Form. School personnel will contact you.
- Sign in and out upon arriving and leaving the school and wear the building or district identification badge at all times during volunteer activities.
- Notify the school's front office if an illness or emergency prohibits attending a scheduled volunteer responsibility.
- Please be aware of and comply with all school policies and regulations of any applicable federal, state, or local policies, including but not limited to, required reporting of child abuse and confidentiality of student or school information.
- Volunteers are required to keep a student's personal information in strict confidence. Federal regulations prohibit volunteers' access to student records.
- Volunteers shall respect the confidential nature of anything seen or heard while on the school campus. The volunteer shall share any concerns he/she may have only with the classroom teacher, school principal, or system staff member.
- Volunteers should work under the direction of a teacher or staff member.
Volunteers are not to be left in charge of an entire classroom, playground, or lunchroom.
- A school volunteer must always discuss age-appropriate topics, refrain from inappropriately touching students, and refrain from giving students gifts, rewards, or food items without the teacher's permission.
- Volunteers shall not be under the influence or in possession of drugs or alcohol while students are under their care, while on school property, at school-sponsored functions, or on extra-curricular trips or at any activities involving students.
- Volunteers shall refrain from disciplining students. Students shall be referred to the appropriate teacher or staff member for any behaviors needing discipline.
- Volunteers report safety or emergency concerns to a staff member or the principal.
- Volunteers shall not diagnose students' needs, counsel students, nor evaluate achievement of students.
- Volunteers shall not discuss student progress and concerns with parents. The classroom teacher is responsible for all communication with parents.
- **Volunteers serve without pay or compensation.**

Please sign below to indicate your acknowledgement of understanding and agreement to abide by these guidelines; to certify that your answers given herein are true and complete to the best of your knowledge; and that you understand that a satisfactory background check is required for you to be approved as a volunteer. By violating these guidelines, your service can or will be terminated.

Name

Date