



### Volunteer Application

The East Troy Community School District Board of Education recognizes the valuable services to and for students that can be made by parents and community members as volunteers. The Board encourages the use of tutors and other school volunteers to help bridge the gap between the schools and the East Troy community. These volunteers may assist teachers and other school personnel while under the supervision of a teacher, advisor, coach, supervisor or school principal.

Per board policy 881- Any volunteer must complete a Volunteer Application prior to working with the teacher, coach, advisor, supervisor, and principal. A criminal records check must be completed on all school volunteers.

Volunteers must be approved by the building principal and district administrator prior to providing any services to the school district. Approved volunteers will be covered under the district's liability insurance while performing services authorized by the school principal.

Please check **all schools** you would like to volunteer at: Doubek Prairie View Middle School High School

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Special Interests/Comments: \_\_\_\_\_

Have you ever been convicted of any violations of law other than minor traffic violations?  Yes  No

Do you plan on using a vehicle in the course of your volunteering duties to transport students?

Yes, I anticipate using a school-owned vehicle to transport students in the course of being a volunteer. (You must submit a copy of your driver's license to the District Office.)

Yes, I anticipate using a privately-owned vehicle to transport students in the course of being a volunteer. (You must complete and submit a copy of policy #580 available on our website to the District Office.)

No

Please list your children, if applicable, attending East Troy Community Schools:

Child's Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Gr: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Gr: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gr: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Gr: \_\_\_\_\_

I give permission for the East Troy Community Schools to do a criminal history check. I also understand that in volunteering with students that I shall hold confidential any information obtained during the course of my volunteer work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Criminal Record: \_\_\_\_\_ Date: \_\_\_\_\_ Checked By: \_\_\_\_\_