

Oconto Unified School District
Volunteer Application - Information Sheet
2018-2019 School Year

I am interested in volunteering at:

OES
 OMS
 BCA
 OHS

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-Mail: _____

Preferable days/time to volunteer (circle all that apply):

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Morning
 Afternoon
 Evening
 All Day

| Name of School Age Children (First and Last Name) | Grade | Teacher |
|--|--------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Ways that I can help/volunteer/work – I am interested in:

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Bulletin boards/display cases |
| <input type="checkbox"/> Work in classroom | <input type="checkbox"/> Vision/hearing screening |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Parent/Teacher organizations |
| <input type="checkbox"/> Special Events (fundraisers/book fair etc.) | <input type="checkbox"/> Baked Goods |
| <input type="checkbox"/> Tutor students weekly | <input type="checkbox"/> Read to students |
| <input type="checkbox"/> Work in library | <input type="checkbox"/> End of year celebration |
| <input type="checkbox"/> Special afterschool or evening activities | <input type="checkbox"/> Playground Helper |
| <input type="checkbox"/> Lunch/Recess | <input type="checkbox"/> Science Fair |
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Picture Day |
| <input type="checkbox"/> School Dances | |

Volunteer – Emergency Information

Important: It is essential that all information be provided for the school. Please provide all information requested. All information is confidential and will not be released without permission. This information will be retained for the current school year only. We **MUST** have **two** phone contacts listed.

Emergency Contacts: Please list **two** emergency contacts.

| Name | Telephone Number | Relationship |
|-------|------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Medical Information: Please list any health conditions that the school should be aware of?

Name the doctor that you prefer: _____ Phone: _____

If emergency treatment or transportation is required and next of kin cannot be reached immediately, may school authorities use their judgment in calling an ambulance and the doctor listed above, or an alternative, if your preferred doctor is unavailable?

Yes _____ No _____ If No, please explain: _____

Signature

Date

Expectations and Requirements for Volunteers

Anyone interested in volunteering is required to complete the Application/Volunteer form, and Volunteer Disclosure form. These forms must be completed and on file prior to commencement of service. Failure to provide accurate information will result in immediate dismissal.

Volunteers must sign in and out on the appropriate sheet in the school office. You **must** wear a volunteer badge while in school.

As a volunteer, you are to **maintain total confidentiality** regarding each student and family.

If you suspect some form of child abuse, observe evidence of child abuse or the student reports that some form of abuse has taken place; you **must** report that information to the school Principal **immediately**.

Photographs shall not be taken of students without written consent from the child's guardian or parent nor shall any student pictures be posted on social networking websites such as Facebook, Snapchat, Instagram or Pinterest.

Please refer to Policy 4120.09 - Volunteers.

Signature

Date

Volunteer Disclosure Form

For the safety and security of our students, an authorization to conduct a criminal background check is required of volunteers who will be working directly with students. This information will be requested on a yearly basis and will be stored confidentially at the Oconto Schools District Office. Building administrators retain the authority to approve all school volunteers and the tasks they perform in the school.

All requested information **must** be provided. Please print clearly.

Name: _____
Last First MI

Soc. Sec. # _____ Date of Birth _____

Other names used (i.e. Maiden name): _____

I hereby give consent to the Oconto Unified School District to conduct a criminal background check.

Signature

Date

For Office Use Only:

Background Check run on: _____

By: _____

____ Approved ____ Denied

**If denied, attach copy of background check.