## BARREN COUNTY SCHOOLS VOLUNTEER APPLICATION FORM

(Please check each school where you wish to volunteer)

	BCHS Red Cross	□ BCMS □ Temple Hill	□ Eas		liseville lillcrest Annex	☐ North Jackson ☐ ALC/Day Treatment
Name		(	(Maiden)	) Phone:	(	Cell:
Address:		\/		Zip:		
Birthdate: / Social Security Number:						
Presently Employed? ■ Yes □ No Name of Employer:						
Do you have; ☐ Child(ren) ☐ Grandchild(ren)				☐ Foster Child(ren)	Mo child	(ren) in school?
Childs Name	Childs Name School _		Grade _		Teacher	
Childs Name School _		Grade		Teacher		
Childs Name School (List additional children on back of page)				Grade	Grade Teacher	
Special Training: Languages:						
Skills, interests, hobbies:						
Availability: Hours per week: Hours 1				per month	Special Projects Only:	
Type of work that y ☐ Classroom	you would lii	ke: (Check all that	apply)	☐ Band	□ Art	☐ Parties
☐ Special events	☐ Bus Mon	itor Mentor		☐ Library	☐ Special Edu	cation
☐ Field Trips	□ PTA/PTO	Vol. Coor	dinator	☐ Read to Student	☐ Tutor	
☐ After school programs ☐ Parents/G-p			-parents I	Day	☐ Festivals/Carnivals	
☐ Newsletters		☐ Clubs: Li	☐ Clubs: List:			
Sports: ☐ Baseball			☐ Football		☐ Soccer	
☐ Track ☐ T-ball				☐ Cross Country	☐ Cheerleading	
☐ Volleyball	Volleyball Golf			☐ Tennis ☐ Dance		Dance
☐ Little League	Little League			□ 4H	☐ Other:	
Volunteer hours you prefer:   During School				☐ After Hours	☐ Home Based	
Which day(s) and time do you prefer:   M DT DW DTh DF Times: Work-Based Learning  Schedul						
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:	//