

COVINGTON INDEPENDENT PUBLIC SCHOOLS

VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE—FORM WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE

Volunteer Site: _____ Principal/Director Signature _____

PERSONAL INFORMATION:

Print Name _____ Maiden Name (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone: _____ Date of Birth: _____ Social Security No.: _____

Do you have children enrolled in Covington schools? ____ Yes ____ No

VOLUNTEER POSITIONS: (Check your volunteer preference from the following categories.)

- ___ Tutor (check preferences below)
___ Classroom Assistant ___ Office Assistant ___ Library Assistant ___ Chaperone: Field Trip
___ Monitor: Playground/Lunchroom/Hall
___ Enrichment Resource Provider - Shares special skills on an as needed basis. Content Area(s) - Indicate your areas of expertise where you would be willing to speak or make a demonstration to a class, club or special program (i.e., related to your career, job shadowing, hobbies, sports): _____

VOLUNTEER PREFERENCES:

Grade Level: ____ Pre-K ____ K-3 ____ 4-6 ____ 7-8 ____ 9-12 ____ Adult

Subject Areas: ____ Reading ____ Math ____ Science ____ English ____ Social Studies ____
____ Foreign Language (specify) _____ Other _____

Table with 4 columns: Availability, Morning, Afternoon, After 4 PM (adult tutoring only). Rows: Monday, Tuesday, Wednesday, Thursday, Friday.

A police records check will be conducted. Your signature below authorizes Covington Independent Public Schools to make this contact. If you have been convicted of a felony, please explain on a separate sheet of paper and submit with this application. The Superintendent may also require such a volunteer to provide a letter from the Cabinet for Health and Family Services stating that there are no findings of substantiated child abuse or neglect on record.

Statement of Commitment:

As a volunteer working with Covington students, I agree to:
Attend orientation or training sessions that may be necessary to help me in my volunteer position.
Abide by all school rules and Board of Education policies that apply to me.
Honor the commitment to work as scheduled. If I must be absent from a scheduled commitment, I will notify the appropriate person in advance.

Applicant's Signature: _____ Date: _____

Thank you for your willingness to share your time and talent.

FOR OFFICE USE ONLY