



Volunteer Application

BUILDING: Corvallis High School

There has been a growing need to ensure the well-being of our students. We must request that you complete the attached *Criminal History Verification of Applicants (rev. 6/02)* form so that we can do a background check. We appreciate your help and understanding in this process.

NAME _____ **DRIVER'S LICENSE** _____

ADDRESS _____ **HOME PHONE** _____

CITY/STATE/ZIP _____ **WORK PHONE** _____

EDUCATIONAL BACKGROUND _____

E-MAIL ADDRESS _____

May we add your email address to the CHS List serve for school related information: yes no

College-degree students complete the following program status:

MAT Pre-MAT

Major _____ **Minor** _____

Freshman Sophomore Junior Senior

Grade Level Preferred: 1 2 3 4 5 6 7 8 9 10 11 12

What days/hours can you serve? Indicate specific time, morning or afternoon:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

Additional comments regarding availability: _____

Special Interests of Hobbies: _____

Work Experience: _____

REFERENCES:

Name _____ Position/Relationship _____

Address _____

Phone _____ E-mail _____

Name _____ Position/Relationship _____

Address _____

Phone _____ E-mail _____

Return to: CHS 1400 NW Buchanan Corvallis, Or 97330 ATTN: Sherry Faller

VOLUNTEER ASSIGNMENTS (Please indicate areas of interest)

<input type="checkbox"/> Instruction	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Special Projects
__ General Classroom	__ Lunchroom Facilitator	__ Arts & Crafts
__ Computer	__ Food Server	__ Bulletin Board
__ Language Arts Tutor		__ Calligraphy
__ Mathematics Tutor	<input type="checkbox"/> Clerical	__ Display Case
__ English-As-A-Second Language Tutor	__ Duplicating	__ Drama
__ Bi-Lingual Tutor/Interpreter	__ Filing	__ Music
__ Talented & Gifted (TAG)	__ Telephoning	__ Child Care
__ Vocational Education	__ Typing	__ Field Trip
__ Learning Resource Center	<input type="checkbox"/> Resource Person	
__ Special Needs Education	Subject Area _____	
<input type="checkbox"/> Library	__ Other _____	
__ Mending & Binding	<input type="checkbox"/> Publishing Center	<input type="checkbox"/> Playground
__ Shelving & Cataloging		
__ Storytelling		

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

_____	_____	_____
NAME	RELATIONSHIP	PHONE
_____	_____	_____
NAME	RELATIONSHIP	PHONE

VOLUNTEER AGREEMENT

I, _____ agree to volunteer for Corvallis School District 509J and agree to the following:
(Please initial each statement.)

- _____ I have full knowledge of any risks involved in this activity.
- _____ I am physically fit and sufficiently trained to participate in this activity.
- _____ I will follow all policies and procedures applicable to this activity.
- _____ I understand that I have no medical coverage as a volunteer if I am hurt or injured.
- _____ I understand that as a volunteer, I am not covered by the district's workers compensation.
- _____ If I am unable to fulfill this agreement, I will notify the district at least 24 hours in advance.
- _____ If I am under 18 years of age, my parent/guardian approves my participation. (Parent initial here) _____

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from the program. I authorize Corvallis School District 509J to make any necessary and appropriate investigations to verify the information contained herein.

_____	_____	_____
SIGNATURE OF APPLICANT	DATE	RECEIVED BY

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