



Volunteer Application

School: _____ (for office use only)

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 _____

College-degree students complete the following program status:

Major _____ Minor _____

Grade Level Preferred: K 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 or Hobbies: _____

VOLUNTEER ASSIGNMENTS (Please indicate areas of interest)

- E-3 Literacy
 Reading Buddy
 Service Learning
 Second Language Assistant
 Math Tutor
 Science Mentor
 Tech Support
 College Hill High School
 Other Specific Project _____

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