



VOLUNTEER APPLICATION
(Required of All School Volunteers)

Thank you for your interest in becoming a Stamford Public Schools Volunteer. We appreciate your support of our students and teachers and your cooperation in filling out this application. Please be advised that information supplied on this form may be verified. Any individual supplying incorrect or misleading information will not be able to participate in volunteer programs. THANK YOU.

PERSONAL INFORMATION:

NAME: _____ **DATE:** _____

RESIDENTIAL ADDRESS:

Street **City** **State** **Zip**

TELEPHONE #: **CELL:** _____ **HOME:** _____

E-MAIL: _____

CURRENT EMPLOYER: _____

EMPLOYER TELEPHONE #: _____

Please list two references (not related to you):

1. _____ **Tel. #:** _____

2. _____ **Tel. #:** _____

Have you ever been convicted of any felony or misdemeanor classified as an offense against a person or family, public indecency, or a violation involving a state or federally controlled substance? Yes _____ **No** _____

Are you a registered sex offender in any state? Yes _____ **No** _____

I submit that the information provided is accurate and true and authorize any verification which maybe required.

Signature **Date**

Please turn over and complete the other side of this form. Thank you.

STAMFORD PUBLIC SCHOOLS

VOLUNTEER OPPORTUNITIES

NAME: _____

Please indicate your area(s) of interest (check all that apply):

- | | |
|----------------------------|-----------------------|
| _____ Classroom Assistant | _____ Tutoring |
| _____ Media/Library | _____ Mentoring |
| _____ Speakers Bureau | _____ Math |
| _____ Computers/Technology | _____ Reading/Writing |
| _____ ESL Tutoring | _____ Science |
| _____ Social Studies | _____ Fine Arts/Music |
| _____ Other _____ | |

Please Indicate your Day & Time Availability (check all that apply):

- Monday Tuesday Wednesday Thursday Friday
- Time: From _____ To _____

Please Indicate your Grades/School Preference (check all that apply):

- Elementary (K-3) Elementary (3-5) Middle School
- High School Adult Education
- Specific School: _____

Please indicate any special skills or interests, and personal qualities you would bring to volunteering: _____

Please turn over and complete the other side of this form. Thank you.

For Use by SPS Staff:

Volunteer Assignment: _____