

HELPING HANDS

VOLUNTEER APPLICATION FORM FOR _____ (SCHOOL)

SCHOOL/BUSINESS/COMMUNITY PARTNERSHIP - CHEROKEE COUNTY SCHOOLS

Name: _____ Home Phone _____
Home Mailing Address: _____ Cell Phone _____
Business/Organization Name: _____ Position/Department _____
Business Mailing Address: _____ Office Phone _____

WORK EXPERIENCE

Business Name/Address	Immediate Supervisor/Phone No.	Dates of Employment

PERSONAL REFERENCES

Name	Address	Phone No.

VOLUNTEER EXPERIENCE

Business/Organization/Address	Immediate Supervisor/Phone No.	Dates of Volunteer Service

I am able to commit 30 minutes to 1 hour per week during this school year to tutor a student in: Reading/Literacy Math

Day Preference: Monday Tuesday Wednesday Thursday Friday

Time Preference: Mornings from _____ to _____ Afternoons from _____ to _____

School(s) at which you prefer to work: _____

Supervisor at preferred school: _____

Preferred Grade: Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th-12th

OTHER ACTIVITIES I WOULD LIKE TO HELP WITH:

<input type="checkbox"/> Gather resource material	<input type="checkbox"/> Share applications of technology with a classroom
<input type="checkbox"/> Assist with a special event	<input type="checkbox"/> Present science or math applications
<input type="checkbox"/> Typing, collating, copying	<input type="checkbox"/> Participate in current events discussion
<input type="checkbox"/> Provide career information/presentation to a class	<input type="checkbox"/> Open our business for class tours
<input type="checkbox"/> Conduct a special class about _____	<input type="checkbox"/> Other _____

Must be signed and dated

1. I understand I must receive discrimination and harassment training before working with students and parents/guardians.
2. I will hold in confidence any information revealed to me pertaining to any student.
3. I will report any home or school concerns about a child to the principal or the child's teacher before I leave for the day.
4. I understand that I have a legal obligation to report any suspected abuse or neglect that is revealed to me by a child to the principal or designated person.
5. I will not contact a child off campus or remove him/her from the school at any time.
6. I will not accompany a child into the restroom.
7. I will call the school office as soon as I know when I have to be absent.
8. I have read the school handbook and will abide by the professional dress code.
9. I understand that a criminal record check will be conducted before I am allowed to volunteer.

I have not been convicted of a felony, and I have not been charged or convicted of any offense involving drugs, alcohol, child abuse, sexual deviation, or moral turpitude. (IF YOU HAVE, PLEASE CHECK HERE: _____. EXPLAIN ON BACK OF THIS FORM.)

PRINT NAME

SIGNATURE

DATE

Criminal Background results more serious than a misdemeanor will disqualify any applicant.

School Administrator's Endorsement: _____ Approved _____ Not Approved. Signature & Date: _____



Cherokee County Schools

Criminal Background Investigation Release Form

The purpose of this form is to notify you that a criminal records check will be conducted on you in the course of consideration for employment with Cherokee County Schools.

Please complete the following information: **(PLEASE PRINT LEGIBLY)**

First Name	Middle	Last	(Maiden)
Social Security No.	Date of Birth <i>(mmm/dd/yyyy)</i>		Age
Driver's License No.		State of Issue	

Present Address: _____
(Include zip code)

Other States in which you have lived within the past 10 years:
(Use a separate sheet if more room is required)

County/City/State: _____ Dates: _____

County/City/State: _____ Dates: _____

County/City/State: _____ Dates: _____

In connection with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about my employment, education, driving record, criminal record, and general public record history to the person or company with which this form has been filed, or their agent, Chapman Corporation. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

Applicant's Signature: _____ Date: _____

Please indicate type employment applying for below:

Helping Hands Volunteer