

## Volunteer Application Form

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Emergency Contact(s):

Name \_\_\_\_\_

Phone \_\_\_\_\_

Do you require any special accommodations in a work environment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you circled Yes, please describe \_\_\_\_\_

\_\_\_\_\_

### *Please indicate what type of volunteer opportunity you are seeking:*

\_\_\_\_\_ Academic Assistance (i.e. one to one tutor, small group support, classroom assistance)

\_\_\_\_\_ Curriculum Enrichment (i.e. drama, arts & crafts, music)

\_\_\_\_\_ Working with Special Populations (i.e. Exceptional Education, English as a Second Language, Gifted and Talented)

\_\_\_\_\_ Clerical / Non-Academic Support (i.e. lunchroom or playground supervision, office support, library support)

In order to make an effective match for you, it is important for us to know of any special skills or talents you would like to bring to your volunteer work. If so, please describe: \_\_\_\_\_

\_\_\_\_\_

*(Please complete information on opposite side of this form)*

Is there a particular school in which you are interested in volunteering? If so, please indicate:

\_\_\_\_\_

If not, please indicate in what school environment you are interested in volunteering:

\_\_\_\_\_ Early childhood program

\_\_\_\_\_ Elementary school (K-5)

\_\_\_\_\_ Intermediate schools (grades 6-8)

\_\_\_\_\_ High School (9-12)

\_\_\_\_\_ Alternative School program

\_\_\_\_\_ Before or Afterschool program

***Please indicate what days of the week and times you are available.***

Day (or days) \_\_\_\_\_

Optimal time(s) \_\_\_\_\_

**VOLUNTEER DISCLOSURE STATEMENT**

It is the policy of the Davenport Community School District to make every reasonable effort to provide a safe learning environment for students working with volunteers.

Therefore the district requires the following information:

Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have charges pending relating to any of the aforementioned? \_\_\_Yes \_\_\_No

As a volunteer for the Davenport Community School District, I understand that it is my responsibility to treat information about students, staff and other situations of a professional nature as confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the DCS Volunteer Office where it will be kept on file.

***DCS Volunteer Office***

***Attn: John Border***

***1606 Brady Street***

***Davenport, IA 52803***