

CHESTER SCHOOL DISTRICT

Additions Volunteer Program 2014-2015

Name: _____ Phone: _____

Address: _____

Employer: _____

Employer Address: _____

Email Address: _____ Cell Phone: _____

Names of children attending school in Chester.

Name	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. For the safety and protection of our students, please answer the following:

Have you ever been convicted of a crime or a disorderly persons offense? ____ Yes ____ No

FAILURE TO DISCLOSE CONVICTION INFORMATION WILL DISQUALIFY A VOLUNTEER. Please sign below to attest that the above answer is true.

Signature Date

2. Volunteers in the Chester School District generally work in their own children's classrooms. Please check below what type of volunteer opportunities you prefer.

- | | |
|--------------------------------|-------------------------------------|
| ____ Lunch and/or Recess | ____ Special Projects and/or Events |
| ____ Library | ____ Clerical Work |
| ____ Art | ____ General Classroom Volunteering |
| ____ Dickerson School Art Show | |

If possible, please elaborate on what school and where you would prefer to volunteer.

3. What days and times do you prefer to work?

Monday AM PM

Tuesday AM PM

Wednesday AM PM

Thursday AM PM

Friday AM PM

4. Do you have an area of expertise, hobby, talent, speak a foreign language etc. that you would be willing to share with students (upon teacher request)? If so, please elaborate.

Please list two references who are not relatives. References will be checked for persons who participate in student contact activities.

Name: _____ Title: _____

Address: _____

Phone: _____

Name: _____ Title: _____

Address: _____

Phone: _____