

Chickasha Public Schools Volunteer Application

****If volunteering at multiple sites, please complete application for each site****

Volunteer's Name: _____

Address: _____ City/State: _____

Phone #: _____ Alt. Phone #: _____

Volunteer's Emergency Contacts:

<u>Name</u>	<u>Address</u>	<u>Phone number</u>

Medial concerns/conditions of which we need to be aware: _____

Preferred grade of Students:

☐PK ☐K ☐1st
☐2nd ☐3rd ☐4th
☐5th ☐6th
☐7th ☐8th
☐9th ☐10th ☐11th ☐12th

Preferred Site:

☐BWECC
☐Grand
☐Lincoln
☐CMS
☐CHS

Preferred Activities: ☐Reading ☐Art ☐Lunchroom Duties ☐Office Duties ☐Other _____

Volunteer Signature Date

Principal Signature of Assigned Volunteer Site Date

For School and Office Use Only:

Site(s) Assignment: ☐BWECC ☐Grand ☐Lincoln ☐CMS ☐CHS

Background Check _____ Fingerprints _____ Other _____ (Initial When Completed)

Central office will keep the completed application, volunteer agreement, and background check(s). A copy of the volunteer application will be kept at school site(s) so contacts can be accessed if an emergency arises. A google document will be share with each school site. Volunteers' names will be added as background checks are cleared. This will give each site a list of volunteers. NOTES: _____