



Office Use Only	
Received by: _____	Date: _____
Approved by: _____	Date: _____

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ (\_\_\_\_\_)  
*Last First Middle Maiden*

Address: \_\_\_\_\_  
*Street City ZIP Home Phone*

E-Mail Address (home): \_\_\_\_\_ (office): \_\_\_\_\_

Occupation: \_\_\_\_\_  
*Employer Position Work phone*

Special Skills and Interest: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Have you ever been convicted of, or are you currently being charged with a felony? \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Race: \_\_\_\_\_ Do you have child(ren) in Texarkana Arkansas Schools? \_\_\_\_\_

If yes, please list school(s): \_\_\_\_\_

Types of Volunteer Work Preferred:

**Student Support/Assistance**

- Assist in Classroom
- Classroom Speaker
- Home Projects
- Tutor
- Media Center/Library
- Clerical Work

**Student Club/Activities**

- Athletics
- Band/Music
- Drama
- Field Trip Chaperone
- Dances/Prom

**Other**

Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Preferred School Placement and Grade Level: \_\_\_\_\_

Availability: Please indicate all times you are available to volunteer.

- |  |   |   |  |  |
|--|---|---|--|--|
| <p><b><u>Monday</u></b></p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Evening</p> | <p><b><u>Tuesday</u></b></p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Evening</p> | <p><b><u>Wednesday</u></b></p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Evening</p> | <p><b><u>Thursday</u></b></p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Evening</p> | <p><b><u>Friday</u></b></p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Evening</p> |
|--|---|---|--|--|

How often can you volunteer? (Please choose one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Daily            | <input type="checkbox"/> Once Per Week  | <input type="checkbox"/> Twice Per Week  |
| <input type="checkbox"/> Occasionally     | <input type="checkbox"/> Once Per Month | <input type="checkbox"/> Twice per Month |
| <input type="checkbox"/> To Be Determined |   |  |

I understand that by signing this document, the Texarkana Arkansas School District is authorized to conduct background checks to determine my volunteer placement eligibility. I give my permission to conduct investigation necessary to verify all information identified on this form.

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