VOLUNTEER INFORMATION FORM – Page 1

Amphitheater Public Schools

Date_____

Name_____ Telephone_____

Address_____Zip_____

Email_____

What is your preferred method of contact? _____phone _____email

What day(s) of the week are you available?
Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday___ Any Day ___

Preferred School(s): _____ Any school: ___

Office Use Only- Please interoffice to LACC

School Placed:

Preferred day:

☐ Amphitheater school parent/guardian/student

Fingerprints Submitted:

Fingerprints Cleared:

Who to notify:

If you would like to volunteer helping students directly, please continue with both Sections 1 and 2 below.
If you prefer to volunteer helping only in other areas, please skip to Section 2.

SECTION 1: Direct Student Assistance Volunteer

1. There is a great need for volunteers during the after school programs (usually starting between 2:30 p.m. and 3:30 p.m. and lasting an hour and a half). Are you available at this time? ___ **Yes**
   ___ **No**, I would prefer to volunteer during the following times:
   ___ School day mornings
   ___ School day afternoons
   ___ Breakfast reading (where available)
   ___ I would like to be contacted about volunteering in summer programs
2. I would be most comfortable working with:
   _____Younger Elementary (K-2nd) _____Older Elementary (3rd -5th)
   _____Middle School (6th -8th) _____High School (9th – 12th)
   _____any age

3. Would you prefer working with:
   __ One student only
   __ Small group of students (2-3)
   __ Either one student *or* a small group
   __ Whole classroom

4. In which area(s) would you like to volunteer your assistance?
   __ Reading __ Art
   __ Math __ Science
   __ Helping students who are learning English __ Career exploration
   __ Other_____ __ Computer skills

SECTION 2: School Volunteer

5. In which area(s) would you like to volunteer your assistance?
   ___Office ___Special Projects/Events
   ___Field Trips ___Making materials for classroom use
   ___Grading papers ___Playground
   ___Library ___Make telephone calls
   ___Other: _____

(**Continued on reverse side**)

6. Do you speak another language other than English? ___Yes: _____
   ___No
7. Related work or volunteer experience: _____

   _____

8. Where did you hear about volunteering with us? _____

9. May the Amphitheater School District use your name and/or photograph in a publication, news release, or other public media for publicity purposes? Yes__ No__

10. In case of emergency, who should we contact? (Please include contact's telephone # and relationship to you.)
    _____

11. Employer: _____ Position: _____

12. If a student, school currently attending:_____
    Major or career interest: _____

13. Please list the names and phone numbers of two references that are not related to you:
    1) _____

    2) _____

14. Are you currently awaiting trial on or have been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in this state or similar offenses in another jurisdiction? (Sexual abuse of a minor; incest; first or second degree murder; kidnapping; arson; sexual assault; sexual exploitation of a minor; felony offenses involving sale, transport, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs, felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs; misdemeanor offenses involving the possession or use of marijuana or dangerous drugs; burglary in the first degree; burglary in the second or third degree; aggravated or armed robbery, robbery; a dangerous crime against children as defined in section 13-604.01; child abuse; sexual conduct with a minor; molestation of a child; manslaughter; assault or aggravated assault; exploitation of minors involving drug offenses.
    Yes_____ No _____ Signature_____

Note: If you will be volunteering, it is necessary for you to be fingerprinted. Authorization to volunteer is provided only after satisfactory fingerprint/background check. Exemptions to this rule are Amphitheater School District students and parents (or legal guardians) volunteering in their own child's school.

POLICY NOTIFICATION STATEMENT

It is the policy of Amphitheater Public Schools not to discriminate on the basis of race, color, religion, gender, age, national origin, disability, marital status, political affiliation, or veteran status in its educational programs, activities or employment policies as required by federal and state laws. The district abides by federal and state laws regarding people with disabilities. If you have a special need, reasonable accommodations will be made in accordance with the Americans with Disabilities Act of 1990. Inquiries regarding compliance with any of the above may be directed to the District's Equal Opportunity Specialist, 701 West Wetmore Road, Tucson, AZ 85705, (520) 696-5164; or to the Director of the Office for civil Rights, U.S. Department of Education, Federal Office Building, 1244 Speer Blvd., Suite. 310, Denver, CO 80204-3582