VOLUNTEER INFORMATION FORM – Page 1 Office Use Only **Amphitheater Public Schools** Please interoffice to LACC School Placed: Name: _____ Telephone: _____ Preferred Day: Address: Zip: _____ Email: _____ Amphitheater School parent/guardian/student What is your preferred method of contact? _____ Phone ____ Email What day(s) of the week are you available? Fingerprints Submitted: Monday __ Tuesday __ Wednesday __ Thursday __ Friday__ Any Day ___ Fingerprints Cleared: Any school: Preferred School(s): 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? _____ **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) _____ High School (9th - 12th) ____High School (9 - 12) ____ Middle School (6 - 8) ___ 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 ____ Science Math Helping students who are learning English ____ Career exploration Computer skills Other **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 ____ Playground Grading papers

Make telephone calls

(Continued on reverse side)

Library

____ Other: ____

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