FACE August 2022

Date:



VOLUNTEER APPLICATION

(PLEASE PRINT)				
First Name		Last Na	.me	
Home Address			Apt#	Zip code
Home Phone#W				
Email				
□Male □Female □Other Age □18-25 □26-35 □36-45 □46-55 □55+			information with the	indicate below share your contact e school's PTO/parents group? NO
EMERGENCY CONTACT:				
Name:	Phon	ne#		Relation
			Relation	
School' Name(s) where I wish to voluntee				
Please Check $()$ off your volunteer preferen \bigcirc Volunteer	ce below:		ct student supp	oort Volunteer
Child's Name if you're a parent/guardian	Grade (Tutor, mentor, etc.) Grade School Point of Contact, Phone number, email			ontact, Phone number, email
		Name of Con	act	Phone or email
Volunteer's areas of interest: Parent Group Representative(s) (PTO/PTA) Plan school activities (school committee) Classroom for non-academic support Chaperone for field trips Volunteer at after-school programs School activities Help school with translation/interpretation District events/activities/ Filing/Storage/Cleri	ical	identii ✓ Volun and as □ Other teacher)	fied by the classroo teer can help the te sist with activities	acher organize areas in the classroor
Work	Ud1	11010.1		e prior to starting.
Volunteer's availability:				
Monday Tuesday Wednesday Tl	nursday	Friday		

Monday	Tuesday	Wednesday	Т

□Morning □Lunch □After School hours □ Saturday □Evening

Background check (BCI)

Complete the application and can obtain a state Bureau of Criminal Investigation (BCI) in person at the RI Attorney General's Office, 4 Howard Avenue, Cranston, RI 02910. Hours are from 8:30am - 4:30pm, Monday - Friday. There's plenty of free parking and direct RIPTA access. You must provide a valid picture ID and \$5 check or money order, payable to BCI. No cash accepted. For more information, visit http://riag.ri.gov/BCI/index.php

Right to Appeal PPSD volunteer applicants have the right to appeal or dispute inaccurate information and/or disqualifying offenses or findings.