

**VOLUNTEER APPLICATION**

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

**(PLEASE PRINT)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email \_\_\_\_\_

Male  Female  Other  
 Age  18-25  26-35  36-45  46-55  55+

May the school you indicate below share your contact information with the school's PTO/parents group?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

**School' Name(s) where I wish to volunteer:** \_\_\_\_\_, \_\_\_\_\_

Check (✓) which group you pertain to Parent/Guardian \_\_\_\_\_ Community Member \_\_\_\_\_ Direct Student Support \_\_\_\_\_ Other \_\_\_\_\_

Please Check (✓) off your volunteer preference below:

<input type="checkbox"/> <b>Volunteer</b>	
Child's Name if you're a parent/guardian	Grade
<b><u>Volunteer's areas of interest:</u></b>	
<input type="checkbox"/> Parent Group Representative(s) (PTO/PTA) <input type="checkbox"/> Plan school activities (school committee) <input type="checkbox"/> Classroom for non-academic support <input type="checkbox"/> Chaperone for field trips <input type="checkbox"/> Volunteer at after-school programs <input type="checkbox"/> School activities <input type="checkbox"/> Help school with translation/interpretation <input type="checkbox"/> District events/activities/ Filing/Storage/Clerical Work	

<input type="checkbox"/> <b>Direct student support Volunteer</b> (Tutor, mentor, etc.)	
<b>School Point of Contact, Phone number, email</b>	
Name of Contact	Phone or email
<input checked="" type="checkbox"/> <b>Volunteer will provide direct academic support to students identified by the classroom teacher.</b>  <input checked="" type="checkbox"/> <b>Volunteer can help the teacher organize areas in the classroom and assist with activities and events</b>  <input type="checkbox"/> Other _____ (agreed upon with the teacher)	
Note: Student Support Volunteers must provide ONE character reference prior to starting.	

**Volunteer's availability:**

\_\_ Monday \_\_ Tuesday \_\_ Wednesday \_\_ Thursday \_\_ Friday  
 Morning  Lunch  After School hours  Evening  Saturday

**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.