



Volunteer Application

Return This Form To Your School Office

SCHOOL: _____

To ensure the safety and well-being of our students, we require volunteers to complete a **Criminal Background Form** found on the school district website at www.csd509j.net: Click PARENTS tab, and then click VOLUNTEER OPPORTUNITIES. **Criminal Background Form must be completed every 2 years.**

NAME _____

HOME PHONE _____

ADDRESS _____

WORK _____ CELL _____

CITY/STATE/ZIP _____

E-MAIL _____

I am a Corvallis School District Employee.

I would like help finding volunteer opportunities.

I am a student High School College (Check Grade Level) Freshman Sophomore Junior Senior

YOUR SCHOOL AGE CHILDREN

Name	Grade	School	Name	Grade	School

INDICATE TIME AND DAY YOU CAN SERVE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning					
Afternoon					

Grade Level Preferred: K 1 2 3 4 5 6 7 8 9 10 11 12

Comments regarding availability: _____

Special Interests or Hobbies: _____

Languages Spoken Fluently: _____

Work Experience: _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

VOLUNTEER AGREEMENT

I agree to volunteer for Corvallis School District 509J and agree to the following:

(Please initial each statement.)

- _____ I have full knowledge of any risks involved in this activity.
- _____ I am physically fit and sufficiently trained to participate in this activity.
- _____ I will follow all policies and procedures applicable to this activity.
- _____ I understand that I have no medical coverage as a volunteer if I am hurt or injured.
- _____ I understand that as a volunteer, I am not covered by the district's worker's compensation program.
- _____ If I am unable to fulfill this agreement, I will notify the district at least 24 hours in advance.
- _____ I understand I may learn confidential information; I agree to protect the privacy of staff and students.
- _____ If I am under 18 years of age, my parent/guardian approves my participation. (Parent initial here) _____

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from the program. I authorize Corvallis School District 509J to make any necessary and appropriate investigations to verify the information contained herein.

SIGNATURE OF APPLICANT

DATE

RECEIVED BY

Corvallis School District 509J • 1555 SW 35th Street • Corvallis, OR 97333

Name _____

VOLUNTEER OPPORTUNITIES
(Please indicate areas of interest)

■ **Instruction**

- Field Trips
- General Classroom
- Computer

- Art
- Music
- Science

- Language Arts
- Mathematics
- Reading
- Social Studies
- English-As-A-Second Language

- Bi-Lingual Tutor/Interpreter
- Talented & Gifted (TAG)
- Vocational Education
- Learning Resource Center
- Special Needs Education
- Tutoring

■ **Library**

- Mend & Bind
- Shelve & Catalog
- Storytelling

■ **Cafeteria**

- Lunchroom Facilitator
- Food Server

■ **Clerical**

- Copy
- Type

- File
- Telephone
- Sort Handouts
- Office Assistance

■ **School Events**

- School Photos
- Health Screening
- Hearing Screening
- Music Programs

■ **Resource Person**

- Subject Area _____
Other _____

■ **PTA Events**

- Event _____

■ **Projects**

- Arts & Crafts
- Bulletin Board
- Calligraphy

- Display Case
- Drama

■ **Supervision**

- Playground
- Crossing Guard
- Bus/Parking Lot

■ **Building & Grounds**

- Landscape/Plant Care
- Summer Plant Care

- I prefer projects that I can do at home.
- I prefer to work in my child's classroom only.
- I will work in any classroom where help is needed.
- I prefer to not work in a classroom.
- I am interested in being an event coordinator: Event _____
- I am interested in being a Volunteer Coordinator.
- You may call me whenever help is needed.