

Chickasha Public Schools Volunteer Application

If volunteering at multiple sites, please complete application for each site

Volunteer's Name: _____

Address: _____ City/State: _____

Phone #: _____ Alt. Phone #: _____

Volunteer's Emergency Contacts:

<u>Name</u>	<u>Address</u>	<u>Phone number</u>

Medial concerns/conditions of which we need to be aware: _____

Preferred grade of Students:

- PK K 1st
2nd 3rd 4th
5th 6th
7th 8th
9th 10th 11th 12th

Preferred Site:

- BWECC
Grand
Lincoln
CMS
CHS

Preferred Activities: Reading Art Lunchroom Duties Office Duties Other _____

Volunteer Signature Date

Principal Signature of Assigned Volunteer Site Date

For School and Office Use Only:

Site(s) Assignment: BWECC Grand Lincoln CMS CHS
 Background Check _____ Fingerprints _____ Other _____ (Initial When Completed)

Central office will keep the completed application, volunteer agreement, and background check(s). A copy of the volunteer application will be kept at school site(s) so contacts can be accessed if an emergency arises. A google document will be share with each school site. Volunteers' names will be added as background checks are cleared. This will give each site a list of volunteers. NOTES: _____
