

VOLUNTEER APPLICATION

Name:			()	
Last	First	Middle initial	Maiden		Cell phone
Address:					
Street		City	ZIP		Home phone
Home E-mail:		Offi	ce:		
Occupation:					
Emplo	yer		Position		Work phone
Birth date://	Race:		Gender:	SS#:	
Do you have any disabilities	that may require	e special accommo	odations?		
Have you ever been convicte	ed of, or are you o	currently being ch	arged with any fe	lony?	
Special skills and interest: _		_		-	
Check the box(es) best descr					RSD student
□ community volunteer □		-		· ·	
volunteering organization		•			
Which volunteer opportunit			☐ Mentor (weekly		
Resource speaker	-		☐ Field Trip Cl	,	Reader
☐ PTA/Special Projects			_	-	
-					
What age children would yo		_			
☐ Elementary, grades 3-5					staff and volunteers
Is there a time and/or day of	the week that is	best for you?			
School (s) preferred (Name of	or geographic area	n):			
Is there a particular student	or employee you	ı are interested in	working with?		
How did you learn about Vo	lunteers in Publi	ic Schools?			
By affixing my signature below volunteer placement eligibility. It have relative to processing this processing my application - from I have also read the VOLU	authorize law enfo application. I do l all liability for furn	orcement and backgro hereby release the L nishing such informa	ound check agencies ittle Rock School Di tion. I certify all info	to release any in strict - and all o ormation I provid	formation that they may ther parties involved in ed is true and correct.
Signature:	·		Date	e:	
Office use only	1 / N			Т	TD.
	ode / Placement:				ID
Recd:					

VOLUNTEER CODE OF CONDUCT

As a volunteer with the Little Rock School District, I agree to abide by the following code of conduct:

- 1. I will complete the Volunteer Application provided by the ViPS Office before reporting for volunteer service within the Little Rock School District. I understand application and screening do not guarantee placement, and certain volunteer opportunities may be restricted or prohibited.
- 2. I will sign IN and OUT of the building each time I visit a school and adhere to all check-in policies and procedures for visitors and volunteers.
- 3. I understand all volunteers must work under the guidance and supervision of a district employee while in a school. Volunteers should never supervise a class in the event of a certified teacher's absence due to sickness or strike.
- 4. I will not establish or make decisions about instructional objectives, grades or student progress.
- 5. I will not discipline students. I will refer all disciplinary issues to teachers or other district employees.
- 6. I will refer all emergency situations and all students in need of first aid or medication to teachers, the school nurse or other school administrators.
- 7. I agree to always work with individual students in publicly designated areas of the school.
- 8. I will share any concerns that I may have related to student welfare or safety with teachers, counselors or other school administrators.
- 9. I will not transport a student in a personal or private vehicle without permission from the student's guardian and the school principal. I must provide a current proof of insurance to school administration immediately prior to any transport.
- 10. I will maintain confidentiality of **all** student, classroom and school information.
- 11. As a role model for students, I will dress and act appropriately.
- 12. I promise to be prompt or I will notify the school if I will be late or absent.
- 13. I will report all volunteer service using the ViPS Online Report System (district website: www.lrsd.org) **or** by reporting my service at the school. I understand it is my responsibility to retain any personal records I may need in documenting or verifying my volunteer service. Forms and instructions for service verification are available through the ViPS office (447-4450) and should be requested prior to placement.

I would like to speak to someone about the following polices:

Authorization for release of confidential information contained within the Arkansas Child Abuse and Neglect Central Registry.

I hereby request that the Arkansas Child Abuse and Neglect Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child abuse/neglect. This information should be forwarded to:



Social Security number and applicant signature required for screening!

LRSD Volunteers in Public Schools 616 N. Harrison Street Little Rock, AR 72205

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released. (**Please print.**)

Name:						
Last		First	Middle	Maiden name or aliases		
Gender:	Age:	Birth date:	/SS#:_	required for screening		
Race:Driv		ver's neemse #:	state issueu			
List your addresses for the last 7 years:		List all of your children, and any whom you served as legal guardian, by their full name. Include their date of birth by month/date/year:				
From	to present:					
			Full name of child	DOB		
From			Full name of child	DOB		
			Full name of child	DOB		
From	to	:	Full name of child	DOB		
			Full name of child	DOB		
From	to	:	Full name of child	DOB		
			Full name of child	DOB		
Signature of applicant:		Date:				
A notary must complete	the following:					
County of) SS				
		y of	, 20			
My commission expires:						
•				Notary Public		