



# Gilmer County Schools

## Volunteer Enrollment Form

### Personal Information:

School Year \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_ \*City, State Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

### Volunteer Profile:

#### In what capacity are you volunteering?: (Name of Organization, if any)

Parent/Guardian Volunteer

Corporate/Professional Volunteer \_\_\_\_\_ (company)

Community/Organization Member \_\_\_\_\_ (organization)

College/Graduate Student \_\_\_\_\_ (institution)

#### Educational Level:

High School/GED

Some College/College Graduate

Other \_\_\_\_\_

#### Preferred Assignment:

Elementary School

Middle School

High School

No Preference

School Preference(s) (if any): 1. \_\_\_\_\_ 2. \_\_\_\_\_

#### Availability:

Entire School Year (Aug-June)

Program/Short-term Project \_\_\_\_\_

Other \_\_\_\_\_

#### Time Available:

Morning (\_\_\_\_\_ to \_\_\_\_\_)

Afternoon (\_\_\_\_\_ to \_\_\_\_\_)

#### Day(s) Available (check all that apply):

M T W TH F S

M T W TH F S

Number of hours per week:

\_\_\_\_\_ hours

#### I am interested in volunteering in:

Tutoring:

Math/Science

Reading/Literacy/Writing

Foreign Language

Other \_\_\_\_\_

Other:

Mentoring

Technology Support/Training

Sports

Library

Administrative Support

Program/Short-term Project: \_\_\_\_\_

Other: \_\_\_\_\_

After School Programs

Building/Grounds Projects

Field Trip Chaperone

Competition Judge

Career Activities

Arts:

Music

Drama

Dance

Visual Arts

#### Have you ever volunteered with children before?

No

Yes

(Where/When? \_\_\_\_\_)

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

**VOLUNTEER: PLEASE SUBMIT SIGNED FORM TO SCHOOL PRINCIPAL**

**VOLUNTEER RELEASE FORM**

TO: School: \_\_\_\_\_  
Principal: \_\_\_\_\_

Please be advised that I would like to participate as a volunteer to provide support and assistance to school personnel and students.

I assume full responsibility for my actions and authorize the school personnel to act on my behalf in the event of an emergency situation.

I hereby release the Gilmer County Board of Education, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**References:**

Please give two references (people unrelated who know you well, such as an employer, pastor, teacher, or friend).

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**For School Use Only**

**Principal: Please maintain Volunteer enrollment forms and all supporting documentation at the school.**

**Complete and forward this form only to the Central Office for Board approval.**

- |   |     |    |
|---|-----|----|
| • An acceptable form of identification has been presented by the volunteer.                                       | Yes | No |
| • A successful background check has been returned by NSO? <a href="http://www.nsopw.gov">http://www.nsopw.gov</a> | Yes | No |
| • Proof of negative test results for Tuberculosis has been presented.   | Yes | No |
| • Volunteer has signed the Drug-free Workplace Verification Statement.  | Yes | No |
| • I have provided an orientation for the Volunteer  | Yes | No |

\_\_\_\_\_  
Approval of Volunteer - Signed by Principal

\_\_\_\_\_  
Date