



SW ABE VOLUNTEER APPLICATION FORM



Last Name(legal)		First	MI
Address			
City		State	Zip
Best ways to contact me during school hours <i>(Please check all that apply)</i>			
<input type="checkbox"/> Home Phone		<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone
<input type="checkbox"/> E-Mail		<input type="checkbox"/> Other	
Signature		Date	
Please indicate days and times most convenient for you to volunteer:			
<input type="checkbox"/> Monday Times:		<input type="checkbox"/> Thursday Times:	
<input type="checkbox"/> Tuesday Times:		<input type="checkbox"/> Friday Times:	
<input type="checkbox"/> Wednesday Times:		<input type="checkbox"/> Weekends Times:	
<input type="checkbox"/> Available for at home projects:			
I need notice in advance of: <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 1 week <input type="checkbox"/> More than one week			
We will provide reasonable accommodations with advance notice to persons with disabilities upon request. Accommodations Request:			
Criminal Record History Release Form (background check) – Volunteers: SW ABE requires volunteers 18 years and older to complete a Disclosure and Release of Information Authorization form to protect our volunteers and students. Every volunteer 18 years and older must sign a form each year at each building where they will volunteer. The assignments in a volunteer situation will determine whether a check will be done. All fees for such a check may be at the volunteer’s expense.			
School Use Only			
Date Rec’d _____ Approved _____ Not Approved _____ Administrator’s Initials _____			
Background Check Exp. Date _____			
In case of a medical emergency, please give the name and contact information of a person you would like us to contact.			
Name		Relationship	Phone
Please indicate your interest and dislikes.			

VOLUNTEER GUIDELINES

Thank you for your willingness to share your time and talents with Adult Basic Education. We consider your involvement very important and ask that you follow the guidelines outlined below to help us maintain a safe and respectful environment for all.

Confidentiality

Confidentiality is very important. While volunteering, you may observe, read or hear about individual students and their school or home experience. Do not discuss your observations or opinions about a student with anyone other than the student's teacher or ABE manager. All information about student abilities, behavior, relationship, grades or background is confidential. We depend on our volunteers to maintain confidentiality of our students, staff, and volunteers.

Sign In/Out

You are required to sign-in before you begin your volunteer activity. Stop in the office immediately upon arrival each time you volunteer. For the safety of everyone, we need to know who is in the buildings and where to locate you in case of an emergency. Don't forget to sign out. A record of volunteer hours enables the school to evaluate its volunteer program and recognize volunteers for their contribution of time.

Name Badges

Volunteers must wear an official volunteer name badge while in the building. Name badges identify you to students, staff, and other volunteers as a registered volunteer.

Dependability

In the event you will be late or unable to keep your commitment, please call the school office as soon as possible. Students and staff are counting on you; therefore, dependability and promptness are important.

Student Discipline

Discipline is the responsibility of the classroom teacher or manager. Volunteers should maintain order in their group or activity, however discipline should be left to the school employees. Please report any problems with a student's behavior to the supervising staff person.

Contact with Students

For safety reasons, please observe the following when working with students:

- Avoid being totally isolated with a student, such as a room with a closed door. Work only in areas of the school building which are in continual, direct supervision of district professional staff.
- Refrain from giving students gifts, rewards, or food items of any kind without the teacher's permission.
- All interactions between you and students must take place only at scheduled times and in the school.

Diversity

Our school community is diverse. It is important that we work with one another without bias and be considerate of cultural, economic, moral and value differences.

Tobacco Free/Chemical Free

Smoking and use of tobacco products, alcohol and chemicals are prohibited on school district property.

Use of Cell Phones

In order to provide an optimum environment for learning, cell phones must be turned off while in or near the classrooms or the media center. Please conduct cell phone conversations away from areas of learning.

Religious, Racial and Sexual Harassment

Religious, racial or sexual harassment is a violation of state law and school district policy. If you believe that you have been a victim of harassment or violence or have information about the harassment or violence of any adult or student, report it to your staff contact or ABE manager.

Criminal History Background Checks

Recognizing our responsibility to ensure the safety and security of our students and everyone connected with the schools, volunteers 18 years and older are subject to a criminal history background check. The School Board policy states you must complete a Background Check Authorization Form (The McDowell Agency) which gives the district permission to conduct a criminal records search.

Dress

As a representative of SW ABE, volunteers, like staff, are responsible for presenting a good image to students and the community. We ask that your attire be neat, conservative and appropriate for the task you are doing.

Accidents or Injury

Any accident or injury should be immediately reported to the school office. The district insurance coverage does not include the use of personal automobiles for volunteers traveling to and from the site or for transporting others while serving as a volunteer.

Job Duties

It is important that volunteers stay within the parameters of a given assignment. If possible, meet with your staff contact before you begin. This will give you an opportunity to discuss your assignment, and learn about responsibilities and procedures.

Other Considerations**Assignment**

If your assignment is not working or if you have a problem you are reluctant to discuss with the teacher, please contact the ABE Manager or the Volunteer Coordinator.

Documentation

Let the ABE Manager know if you would like documentation of your volunteer hours for academic or employment purposes. Many employers now recognize the marketable value of skills learning through volunteering; and some colleges allow credit for volunteer experience.

Thank you! We hope you have a wonderful and rewarding volunteer experience. Your presence in our schools sends a strong message that our community values education. Thanks for making a difference for the students and staff of the SW ABE.

I, _____ have read and agree to follow these guidelines.

Signature: _____ Date: _____

NOTE: This Volunteer Form needs to be completed annually for all volunteers in the region. SW ABE reserves the right to remove anyone from the approved volunteer listing.

Pre-Volunteer Screening Questionnaire

Please answer all questions. Failure to answer any questions or incomplete information on this form may lead to disqualification from the volunteer program at SW ABE.

PLEASE PRINT LEGIBLY

1. Legal Name: _____
First Middle Last

2. Date of Birth: _____

3. Do you have a valid Drivers License? Yes No State _____ Number _____

4. Please list all addresses of residence for the past seven years:

Yrs. Current Home Address Apt City County State Zip

Yrs. Past Home Address Apt City County State Zip

Yrs. Past Home Address Apt City County State Zip

Yrs. Past Home Address Apt City County State Zip

Yrs. Past Home Address Apt City County State Zip

If you have additional residential or employment addresses for the past seven years, please attach an additional sheet.

5. Please list the highest education level attained to date:

Academic Institution city State Dates Attended Degree Attained

6. Have you used any other names in the past seven years? Yes No

Name Used Dates Used City State

Name Used Dates Used City State

The above information is true and correct to the best of my knowledge. By signing below, I give permission to perform an investigation into my background. If approved, this authorization is valid for the duration of the volunteer program, unless some reason warrants further investigation.

Signed Dated

VOLUNTEER GUIDELINES GRID

VOLUNTEER ASSIGNMENT REQUIRES:	VOLUNTEER APPLICATION FORM	COMPLETE BACKGROUND SCREENING FORM	SIGN IN/OUT	VOLUNTEER GUIDELINES FORM (TRAINING)	SUBMIT FOR A CRIMINAL HISTORY SEARCH
Staff supervised volunteer with student: onsite e.g., classroom volunteer, reading in classrooms	x	x	x	x	
Staff supervised Volunteer with group: onsite onetime special event e.g., guest speaker			x		
Staff supervised volunteer with group: on or offsite e.g., fieldtrips	x	x	x	x	
Student volunteers with staff direction: onsite e.g., peer helpers, peer tutors	x		x	x	
Volunteer supervised activities: on or offsite e.g., pull out classes	x	x	x	x	x

Volunteer Process Map

NOTE:
 Volunteer guidelines is not completed at the time of the volunteer application, this is sent from the DO after background check (as needed) is completed.

