



- Big Brothers Big Sisters
- Communities in Schools
- STEMpact2020

Volunteer Registration Form

2015-2016

Legal Name _____
Last First Middle Maiden

Birth Date _____ Driver's License # _____ SSN _____

Home Address _____ How long at present address? _____
Street Number City/State/Zip

Preferred Phone _____ Preferred Email _____

Emergency Contact _____
Name Phone Relationship

Place of Employment _____ How Long? _____ Occupation _____

Work Address _____ Work Phone _____

Education: Less than high school High school or GED Some college
 College degree _____ Advanced degree _____

Have you ever been convicted of, pleaded guilty or nolo contendere (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on diversion, or otherwise been found guilty of:

- Any criminal or municipal violation? Yes No DUI/DWI Yes No
 Is your driver's license currently suspended? Yes No

Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? Yes No

If you answered yes to any of the questions above, please provide the date, description and explanation of each incident on additional paper.

Age group with which you would like to work: Elementary School Middle School High School

Specific School: _____

| Volunteer Type Check all that apply. | Availability Indicate days and times available. | | | Volunteer Activity Check all interests. |
|---|--|--------------------------|--------------------------|--|
| | Monday | Morning | Afternoon | |
| <input type="checkbox"/> Parent of child attending this school Child's name: _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Business Volunteer Company Name: _____ | Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Student Volunteer School: _____ | Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Organization/Community/Church Name: _____ | Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Special Activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please note: All volunteers must complete a registration form. This signed form entitles the volunteer to injury benefits by Wichita Public Schools and liability insurance while performing volunteer services (*Refer to Board Policy 2130*)

The original signed application is to be kept on file at the Volunteer/Partner Support Office at the Alvin E. Morris Administration Center so information can be included on the district volunteer database

You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified, and hereby consent to such verification. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that Wichita Public Schools and/or partnering agencies, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Signature _____ Date _____