



- 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: <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High School				
Specific School: _____				
Volunteer Type Check all that apply.	Availability Indicate days and times available.			Volunteer Activity Check all interests.
<input type="checkbox"/> Parent of child attending this school Child's name: _____ <input type="checkbox"/> Business Volunteer Company Name: _____ <input type="checkbox"/> Student Volunteer School: _____ <input type="checkbox"/> Organization/Community/Church Name: _____	Morning	Afternoon	Evening	<input type="checkbox"/> Tutor <input type="checkbox"/> Mentor <input type="checkbox"/> Assist in Classroom <input type="checkbox"/> Room Parent <input type="checkbox"/> Parent Organization <input type="checkbox"/> School Activities <input type="checkbox"/> Help in Office <input type="checkbox"/> Site Council <input type="checkbox"/> Prepare Materials <input type="checkbox"/> Field Trip
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
Special Activity				

**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 \_\_\_\_\_