



Date school/district received: \_\_\_\_\_

Date trained: \_\_\_\_\_

# Volunteer Registration Form

## A. \_\_\_\_\_

☐ Big Brothers  
Big Sisters☐ Communities In  
Schools☐ YouthFriendsLegal Name \_\_\_\_\_  
Last First Middle

Maiden Name \_\_\_\_\_ Familiar/Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at present address? Years \_\_\_\_\_ Months \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Preferred E-Mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone RelationshipAge 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.
<input type="checkbox"/> Parent of child attending this school Child's name: _____		Morning	Afternoon	After-School/ Evening	<input type="checkbox"/> Tutor (A, B, C) <input type="checkbox"/> Mentor (A, B, C)
<input type="checkbox"/> Business Volunteer Company name: _____	Monday				<input type="checkbox"/> Assist in Classroom (A, C)
<input type="checkbox"/> Student Volunteer School: _____	Tuesday				<input type="checkbox"/> Room Parent (A, C)
<input type="checkbox"/> Organization/Community/Church Name of organization _____	Wednesday				<input type="checkbox"/> Parent Organization (A, C)
	Thursday				<input type="checkbox"/> School Activities (A, C)
	Friday				<input type="checkbox"/> Help in Office (A, C)
	Special Activity				<input type="checkbox"/> Site Council (A, C)
					<input type="checkbox"/> Prepare Materials (A, C)
					<input type="checkbox"/> Field Trip Driver (A, C)

Do you speak a second language? ☐ Yes ☐ No If yes, what language? \_\_\_\_\_

**If you will not be working with students one-to-one or in a small group, proceed to part C.**

## B. \_\_\_\_\_

Birth Date \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_

Your addresses over the last three years prior to your current address: ☐ If same, check here

Street \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Place of Employment \_\_\_\_\_ How Long? \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If employed here less than three years, please list previous employers (attach additional sheets if necessary):

Name of Employer \_\_\_\_\_ How long there? \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Continue on back

Education: ☐ Less than high school ☐ High school or GED ☐ Vo-tech or college (less than four years)  
☐ Four year college degree or equivalent ☐ Advanced degree

Please list three references who have known you for at least 2 years and are non-related.

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to you \_\_\_\_\_ How long acquainted \_\_\_\_\_

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to you \_\_\_\_\_ How long acquainted \_\_\_\_\_

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to you \_\_\_\_\_ How long acquainted \_\_\_\_\_

Have you previously been involved as a Wichita Public Schools volunteer? ☐ Yes ☐ No

If yes, please indicate agency and date of application, and whether your application was accepted.

Date \_\_\_\_\_ Place of Application \_\_\_\_\_ Accepted? ☐ Yes ☐ No

Have you had a background check through another agency within the last year? Please list the agency.

\_\_\_\_\_  
\_\_\_\_\_

May we have your permission to share this background check information between agencies? ☐ Yes ☐ No

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 ordinance 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 yes to any of the above, please provide date, description and explanation of each incident on additional paper.**

**C.** \_\_\_\_\_

**Please note:** All volunteers must complete a volunteer registration form. This signed form entitles the volunteer to injury benefits provided by Unified School District 259 and liability insurance while performing volunteer services (*Refer to Board Policy 2130*).

The original signed application is to be kept on file at the PTR Volunteer office at the Focht ISC 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 participating agencies, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete all blanks for prompt processing.**

Please return to:

PTR Volunteer Support  
Focht Instructional Support Center  
412 S. Main  
Wichita, KS 67202  
(316) 973-5118