

Volunteer Application

Applicant's Name: _____

Date: _____ County: _____

Contact Information

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Emergency Contact

Name: _____ Relationship: _____

Home phone: _____ Other phone: _____

Availability

Hours per month: 4 or less 5 to 10 More than 10

Preferred days and times:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> As Needed | | |

References

Please list two references that are not related to you.

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. Your signature gives the East Newton staff person permission to contact your references.

Signature: _____ **Date:** _____

Please mail, email or fax this form to the East Newton Central office.

East Newton Schools
22808 E. Highway 86
Granby, MO 64844

Fax (417) 472-3500

yostt@mail.enr6.k12.mo.us

Volunteer Release & Consent Application

We appreciate your interest in sharing time with our students. Community volunteers are asked to complete and submit information below to process a formal background check prior to working with students. There are many possibilities for working as a volunteer, and we look forward to notifying you when verification has been completed.

Release & Consent Information

My signature gives authorization for East Newton School representatives to use my name and/or pictures for publicity purposes to promote the volunteer program.

I hereby give my permission for representatives of the program to obtain a formal background check, which is required for all who work directly with our students. The cost of this background check is \$16 and must be included with the completed application.

(Required information is kept strictly confidential.)

Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor?

_____ Yes

_____ No

Has the Missouri Department of Family Services, or a similar agency in any other state ever issued a determination or finding of cause or reason to believe or suspect that you had engaged in the physical, emotional, psychological, or sexual abuse or neglect of a child?

_____ Yes

_____ No

If you answered yes to either question, please explain on the back of this application

Make checks payable to "East Newton School District" and mail with application to:

East Newton School District
22808 East Highway 86
Granby, MO 64844
Fax: 417-472-3500

Name: _____ E-mail: _____

DOB: _____ SS: _____ DL#: _____ DL State: _____

Method of Payment: Cash _____ Check _____

Date: _____