

Training Location _____

Magoffin County School District



School Volunteer Application

Circle which school you plan to volunteer (Grades K-8)?

SME, SGS, HWMS, NME, MCHS

If you plan to volunteer only in Head Start, please check here ___ Which Head Start school? _____

Full name: _____

Street address: _____ City, State: _____ Zip _____

Home Phone: _____ Work/Cell: _____

Do you have a child or relative in school? YES () NO () Which School: _____

Full name of Children and Grade: _____

How long have you lived in Kentucky? All my life _____ or No. of Years _____

Contact (in case of emergency): _____

Relationship: _____ Phone No: _____

Presently employed? No () YES () Name of employer: _____

What are your volunteer interests? _____

Type of volunteer work you would like (check all that apply):

- () Reading tutor/support () Clerical/copy/grade papers
() Classroom Assistance () Special Projects/Events
() Library () other: _____

References? _____

CONDITIONS OF COMMITMENT: As a volunteer I agree to:

- Submit to a records check conducted by the state and police departments.
- Attend an orientation/training session.
- Abide by all school rules and Board of Education regulations and policies that apply to me.
- Sign in at the office and sign out when leaving. (Record time)
- If I must be absent from a scheduled commitment, I will notify my designated school in advance.

Applicant Signature _____ Date _____

**Administrative office of the Courts
Pretrial Services, Records Division
100 Millcreek Park
Frankfort, Kentucky 40601
502-573-1682 or 800-928-6381
www.courts.ky.gov**

Please Print Information Clearly

First Name _____ **M.I.** _____ **Last Name** _____

Alias/Maiden Name: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

Street Address/P.O. Box: _____

City: _____ **State:** _____ **Zip Code:** _____

I have provided the basic information necessary to qualify for record processing.