

# **Lakeland Joint School District #272**

15506 N Washington St., Rathdrum, Idaho 83858

208/687-0431 ~ web.sd272.org

**One District. One Mission. Every Student. Every Day.**



## **Volunteer Assistance Application**

The District has many opportunities for you to get involved in helping educate our children. Your help is needed and greatly appreciated. All prospective volunteers are required to complete this application. False information will result in immediate dismissal. Volunteers serve at the discretion of the building and the Superintendent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I am a: ☐ Parent/Guardian ☐ Relative ☐ Community Member

Information about child/children attending school:

Student \_\_\_\_\_ Grade \_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_

### **Please check all areas in which you would like to volunteer**

☐ Room Parent- Assist teacher with making copies and other projects, helping on-on-one with students, assisting with class events

☐ School Specific Events- Assisting in planning and implementing special school events (i.e. class parties, field trips, Dr. Seuss week, field day, book fairs, Teacher Appreciation week, fall carnival, Veterans Day activities, etc.)

☐ Lions Club Vision and Hearing Screening- Assisting students to and from the screening (one-day event)

### **My Availability and Skills**

Week days I can volunteer: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Times I can volunteer: \_\_\_\_\_

Frequency of volunteering ☐ Regularly ☐ Occasionally ☐ Special Events

Areas of talent or interest: \_\_\_\_\_

Which classroom(s) would you like to volunteer? \_\_\_\_\_

Any volunteer who is required to have a background check will be referred to the District office (Human Resources Department) by the school building. ***All background checks are completed at the expense of the applicant.*** You must identify all prior criminal convictions and any pending charges below. ***Falsified information and a failure to disclose prior criminal background information will result in your application being denied.***

**Statement of Understanding & Signature (Required)**

I have read the District's policy 4600 and 4600P regarding volunteer assistance. I understand policy 4600 and 4600P and agree to abide by them. I affirm that all of my responses are true, complete, and correct to the best of my knowledge and are made in good faith. I certify that I have reviewed the above criminal history information and responded truthfully. I understand my involvement with students is on a volunteer basis as directed by the District. I agree to indemnify the Lakeland Joint School District #272 from any and all responsibility of liability that may be incurred as a result of my volunteering for the District.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Thank you for taking the time to complete this application. We are grateful for your willingness to assist the staff and participate in the education of our students.

Principals Signature \_\_\_\_\_

**Office use only**

Principal Review \_\_\_\_\_ Date \_\_\_\_\_ Raptor Scan \_\_\_\_\_ Date \_\_\_\_\_  
Background Check \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_

## Lakeland Jt. School District #272

### Volunteer Assistance Application

LJSD **The District** has many opportunities for you to get involved in helping educate our children. Your help is much needed and greatly appreciated. All prospective volunteers are required to complete this application. False information will result in immediate dismissal. Volunteers serve at the discretion of the building and district administration **the Superintendent**.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I am a: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Relative \_\_\_\_\_ Community Member

Information about child/children attending \_\_\_\_\_ (Child/Childrens School)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check all areas in which you would like to volunteer:

\_\_\_\_\_ **Room Parent** ~ Assist teacher with making copies and other projects, helping one-on-one with students, assisting with class events.

\_\_\_\_\_ **School Specific Events** ~ Assist in planning and implementing special school events (i.e. class parties, field trips, Dr. Seuss week, field day, book fairs, Teacher Appreciation week, Fall carnival, Veterans Day activities, etc.).

\_\_\_\_\_ **Lions Club Vision and Hearing Screening** ~ Assisting students to and from the screening (one-day event).

My Availability and Skills:

Days of the week **days** I can volunteer: **Monday Tuesday Wednesday Thursday Friday** \_\_\_\_\_

Times I can volunteer: \_\_\_\_\_

Frequency of my availability to volunteer: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Special Events \_\_\_\_\_

Areas of talent or interest: \_\_\_\_\_

In which Classroom(s) would you like to volunteer? \_\_\_\_\_

~~Prior to volunteering, all applicants must, at their own expense, consent to a background check and be fingerprinted. Please make an appointment at the District Office to complete this process. Any~~  
volunteer who is required to have a background check will be referred to the District office (Human  
Resources Department) by the school building. *All background checks are completed at the expense of the  
applicant.* You must identify all prior criminal convictions and any pending charges below. *Falsified  
information and a failure to disclose prior criminal background information will result in your  
application being denied.*

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**Statement of Understanding & Signature (Required)**

I have read the District’s policy 4600 and 4600P regarding volunteer assistance.  
I understand policy 4600 and 4600P and agree to abide by them.  
I affirm that all of my responses are true, complete, and correct to the best of my knowledge and are  
made in good faith.  
I certify that I have reviewed the above criminal history information and responded truthfully.  
I understand my involvement with students is on a volunteer basis as directed by the District.  
I agree to indemnify the Lakeland Joint School District #272 from any and all responsibility of liability  
that may be incurred as a result of my volunteering for the District.

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Thank you for taking the time to complete this application. We are grateful for your willingness  
to assist the staff and participate in the education of our students!**

**Principal Signature:** \_\_\_\_\_

**Office Use Only**

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|-----------------------------------|------------------------------------------|
| Principal Review _____ Date _____ | Raptor Scan _____ Date _____             |
| Background Check _____ Date _____ | Approved: Date _____ Denied: Date: _____ |